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High PSA Level? Check it Again

PSA Tests Can Produce False
Positives; Repeat Test After Six
Weeks Advised

By [Sid Kirchheimer](#)

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May 27, 2003 -- The [PSA blood test](#) is commonly used to check for [signs of prostate cancer](#) or other [prostate problems](#). When a PSA level comes back high, the next step is often a [biopsy](#). But a new study suggests another course of action: Another PSA test done more than a month later.

That's because PSA levels can fluctuate up and down -- so a man

with a high PSA level may not actually have any prostate problems at all. In fact, after studying nearly 1,000 men, researchers found that about half of those whose PSA levels were initially high had a normal result in a subsequent test.

But unfortunately, says the study's lead researcher, James Eastham, MD, FACS, of Memorial Sloan-Kettering Cancer Center, the initial finding of an elevated PSA is enough to warrant one of three typical responses from doctors.

"The first scenario, and a common one, is that the patient is referred for a biopsy, which may be unnecessary and painful," Eastham tells WebMD. "The second is that the PSA is immediately repeated, within a week or so. But that will only take into account any possible lab error, since it's not enough time to get a handle on natural fluctuations. And the third scenario is that the patient is assumed to have inflammation or infection in the [prostate](#), and put on [antibiotics](#) or anti-inflammatory drugs."

Instead, Eastham suggests taking no action until another test is done four to six weeks later -- a time period that he says allows for a natural decrease in fluctuating PSA levels.

"The bottom line is that the recommendation for a biopsy should not be based on a single elevated test result, and a second test shouldn't be given too soon after the first," he says.

In fact, even after a second test produced elevated PSA levels, biopsy detected prostate cancer in only one of four of study participants, according to Eastham's findings, published in the May 28 issue of *The Journal of the American Medical Association*.

"But the study is unable to determine how many men with an elevated PSA level who later returned to normal still could have had [prostate cancer](#) -- subsequent 'normal' tests may actually have been false negatives," says Richard M. Hoffman, MD, MPH, of the University of New Mexico School of Medicine.

Controversial Test

The PSA blood test, first introduced in the U.S. in 1986, is still a controversial [test for prostate cancer](#). Even though a PSA test is likely to detect prostate cancer at an earlier stage, there is no evidence that the test saves lives. This is because prostate cancer is generally slow-growing and typically strikes men at an older age, when they are

more likely to die from other causes. Thus, [treating prostate cancer](#) in some men, the argument goes, may cause more harm than benefit.

"Men don't realize the downside to a PSA test," Evelyn C. Y. Chan, MD, of the University of Texas-Houston Medical School, tells WebMD. "There are false positives associated with this test, and there are false negatives. And it has never been established that the PSA test is going to reduce deaths caused by prostate [cancer](#)."

A high PSA level indicates some abnormality in the prostate -- possibly [cancer](#), but also any type of prostate infection or prostate enlargement, which occurs in most men after age 50. Even ejaculation within two days of having a PSA test may result in artificially high levels suggesting a "false positive."

"My suggestion for men considering the test is that they ask their doctor whether or not a PSA is the right test for them -- and then ask their doctors *why*," Chan tells WebMD. "Don't feel that this is a test that everyone agrees upon and recommends."

The American Urological Association, the American Cancer Society, and the American College of Physicians

recommend that doctors discuss PSA and other screening tests each year with men older than age 50, high-risk men, black men, or those with a family history of prostate cancer, should talk to their doctor at age 40.

Meanwhile, the U.S. [Preventive Services](#) Task Force and the National Cancer Institute are opposed to routine PSA screening, believing the risks of follow-up tests and the side effects of treatment may outweigh the possible benefits for many men.

"I believe the PSA test saves lives," Eastham tells WebMD. "But there are many factors that influence PSA levels, so the test needs to be used with confirming evidence before undue worry or undue procedures."

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Sources

SOURCES: Journal of the American Medical Association, May 28, 2003. American Journal of Public Health, May 2003. Journal of the American Medical Association, March 19, 2003. James Eastham, MD, FACS, associate professor of urology, Memorial Sloan-Kettering Cancer Center, New York. Richard M. Hoffman, MD, MPH, associate professor of medicine, University of New Mexico School of Medicine; staff physician, New Mexico Health Care System, Albuquerque. Evelyn C. Y. Chan, MD, assistant professor, division of general internal medicine; director of bioethics, department of medicine, University of Texas-Houston Medical School.

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