

## **ELEVATED PSA BUT NEGATIVE BIOPSY?**

Compiled by Charles (Chuck) Maack – Prostate Cancer Advocate/Activist

Disclaimer: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient's viewpoint, to help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing prostate cancer care.

The following are important methods of insuring that the anterior as well as the top of the prostate gland are appropriately biopsied, particularly when a biopsy fails to identify prostate cancer despite DRE findings or elevated PSA.

Hidden tumours located on the top and anterior of the prostate evade traditional diagnostic procedures, including ultrasound guided needle biopsy.

The following regards the anterior of the prostate:

[http://www.ncbi.nlm.nih.gov/pubmed/21341573?s\\_cid=pubmed](http://www.ncbi.nlm.nih.gov/pubmed/21341573?s_cid=pubmed)

More in this regard: <http://www.ncbi.nlm.nih.gov/pubmed/12508755>

Following, regarding “Hidden Prostate Cancer Tumours Evade Treatment,” is found in this URL: <http://tinyurl.com/ykyqjgt>

Canadian researchers have found that some hidden prostate cancer tumours cannot be diagnosed with the current procedures. Researchers at Toronto University say their findings explain why some men with elevated prostate specific antigen (PSA) levels who are carefully monitored and undergo repeated negative biopsies still develop aggressive prostate cancer. They say these hidden tumours located on the top of the prostate evade traditional diagnostic procedures, including ultrasound guided needle biopsy. In their research, published Thursday in the British Journal of Urology International, the Canadians say that magnetic resonance imaging

(MRI) is the best tool to reveal such tumours. As part of their research, a team of urologists, surgeons, radiologists and pathologists studied 31 patients who had positive biopsy results and tumours on top of their prostate as shown on MRI. They found that MRI was able to help diagnose hidden prostate tumours 87 percent of the time. “Our findings identify a specific high-risk group who tumours are difficult to diagnose because of location. These men benefit from MRI which guides the biopsy procedure with a high degree of accuracy,” said study author Nathan Lawrentschuk, urologic oncology fellow at the university. “The research team call the clinical presentation of elevated PSA and repeated negative biopsy results ‘prostate evasive anterior tumour syndrome’ (PEATS),” he added. Lead researcher Neil Fleshner said: “Knowing about PEATS may also be important for men already on ‘active surveillance’ – patients with slow-growing prostate cancer who are being regularly monitored through PSA and biopsy. “Every man does not need an MRI, but knowing about PEATS will help identify those who do.”

A similar MRI procedure, VividLook, provides a very similar improvement of imaging the prostate gland to identify tumor location for more appropriate targeting of needles during biopsy. See:

<http://www.icadmed.com/products/prostate/documents/VividLookCaseStudy.pdf>  
or try <http://tinyurl.com/3jq7svp>

INVIVO’s DynaTRIM is yet another form of biopsy needle targeting with MRI. See:

<http://www.invivocorp.com/education/whattoexpect.php>

and the following lists physicians, their comments, and locations where this procedure is administered:

<http://www.invivocorp.com/clinical/doctestimonials.php>

From the foregoing, close attention to testing and monitoring diagnostics is of absolute importance by both the physician as well as by the patient. The importance to the patient is insuring that his physician is paying close attention by scheduling necessary testing and monitoring. And for those men whose PSA is elevating despite usual biopsy procedures failing to identify the presence of tumor development, it would be prudent to seek out a physician and facility that provides one of the procedures identified in the previous few paragraphs.

