

PSA Fluctuations in the Ultrasensitive Range following Surgical Removal of the Prostate Gland

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.

Men, who following surgery have their PSA levels checked in the ultrasensitive range, often agonize over PSA fluctuations in that ultrasensitive range. Fluctuations can occur up to 0.03ng/ml from non-malignant sources, yet even with this knowledge, if a man's PSA was 0.01ng/ml three months ago and now shows up at 0.04, or 0.05ng/ml, he becomes anxious and is seeking information to address his concern.

Some men can deal with noting these fluctuations in the ultrasensitive range without becoming anxious and overly-concerned as long as the level has not reached 0.1ng/ml. And as noted above, others really agonize and worry over any subtle changes.

For those who become anxious with ultrasensitive PSA fluctuations, I recommend asking for normal PSA testing (not ultrasensitive) since any further treatment would not be considered in any event until that PSA rose above 0.1ng/ml, and even then not until that rise continued in elevation.

It is important to have all blood draws sent to the same laboratory, since often laboratories have slightly different configurations and sending a blood sample to different laboratories could result in readings that fluctuate all over the place. A routine, non-ultrasensitive, reading with PSA levels remaining in the ultrasensitive range should always come back <0.1ng/ml (less than). So, if that report comes back without the "<" it would only be then that one would want a check made back

to the lab to see if they actually got a 0.1ng/ml reading or did they fail to indicate <0.1ng/ml. Concern is only necessary should the reading come back at 0.1ng/ml without the < (less than) mark before the reading. In any event, further treatment would not likely be administered until a continuing elevation was determined.

The likelihood of prostate cancer recurrence following surgical removal of the gland could be considered by the results of a study reported in [PMID: 16601384](#) that followed 127 patients for 6-75 months, and got consistent results with recurrence rates of 6.3% for patients achieving a PSA less than 0.01ng/ml, 25% for patients achieving a PSA 0.01-0.05ng/ml, and 91.7% for patients achieving a PSA greater than or equal to 0.05ng/ml. Biochemical relapse was defined as PSA persistently above 0.20. Though you may be in the percentage for recurrence, you may also be in the percentage indicating successful treatment.