

PAP, PSA SERUM LEVELS IN PROSTATIC CARCINOMA (PAP) AND CORRELATION WITH RESPONSE TO THERAPY.

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We determined PAP and PSA by immunoradiometric assay (Hybritec Europe S.A.) in 90 patients with previously untreated PA diagnosed by biopsy. For all these patients, PAP and PSA levels were simultaneously controlled after therapy for possible correlations between PAP and/or PSA serum activities and response to treatment (range of follow-up 2 to 28 months, mean: 18 months). The localized disease group (LD) corresponded to 50 patients treated by curative radiotherapy (RT) with or without TURP and extended disease group (ED) to 40 ones treated by hormonotherapy with or without palliative RT.

PSA and PAP levels were high in 76% and 32% of cases in LD and in 95% and 80% of cases in ED respectively. The association of the two markers did not improve the diagnostic accuracy of PSA determination alone. PSA values were not closely correlated with the clinical stage of disease although the levels tended to correlate with its extent. A substantial decrease of PSA levels was observed when having a response to therapy after sole weeks to 6 months in LD and a longer time in ED (mean time 6 months). A rise of PSA levels during the remission phase predicted several months before clinical recurrence. Besides a transient rise has been observed in 14 cases during RT. These connections were not so clearly evidenced with PAP. Similarly, clinical course and current state after therapy were more accurately predicted by PSA than by PAP. The PSA determination provides unequivocal advantage for diagnosis intumor progress and control under therapy of PA.

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