# Blood Test Prostate Psa

The cause is unclear. Risk factors include a family history, obesity, type 2 diabetes, not enough exercise, and erectile dysfunction. Medications like pseudoephedrine, anticholinergics, and calcium channel blockers may worsen symptoms. The underlying mechanism involves the prostate pressing on the urethra thereby making it difficult to pass urine out of the bladder. Diagnosis is typically based on symptoms and examination after ruling out other possible causes. ec175187b8

Prostate cancer screening The evidence remains insufficient to determine whether screening with PSA or DRE reduces mortality from prostate cancer. Most recent Prostate cancer screening is the screening process used to detect undiagnosed prostate cancer in men without signs or symptoms. antigen (PSA) in the blood. When abnormal prostate tissue or cancer is found early, it may be easier to treat and cure, but it is unclear if early detection reduces mortality rates ec175187b8

"EPCA-2" is not the name of a gene. EPCA-2 gets its name because it is the second prostate cancer marker identified by the research team. This earlier marker was previously known as "EPCA", but is now called "EPCA-1". ec175187b8 PSA is present in small quantities in the serum of men with healthy prostates, but is often elevated in the presence of prostate cancer or other prostate disorders. PSA is not uniquely an indicator of prostate cancer, but may also detect prostatitis or benign prostatic hyperplasia. ec175187b8 Most recent guidelines have recommended that the decision whether or not to screen should be based on shared decision-making, so that men are informed of the risks and benefits of screening. In 2012, the American Society of Clinical Oncology recommended screening be discouraged for those who are expected to live less than ten years, while for those with a longer life expectancy, a decision should be made by the person in question. In general, they concluded that based on recent research, "it is uncertain... ec175187b8 == EPCA-2 versus PSA == ec175187b8 The highest levels of acid phosphatase are found in metastasized prostate cancer. Diseases of the bone, such as Paget's disease or hyperparathyroidism, diseases of blood cells, such as sickle-cell disease or multiple myeloma or lysosomal storage diseases, such as Gaucher's disease, will show moderately increased levels. ec175187b8 Screening precedes a diagnosis and subsequent treatment. The digital rectal examination (DRE) is one screening tool, during which the prostate is manually assessed through the wall of the rectum. The second screening tool is the measurement of prostate-specific antigen (PSA) in the blood. The evidence remains insufficient to determine whether screening with PSA or DRE reduces mortality from prostate cancer. ec175187b8 == Medical diagnostic uses == ec175187b8 Its physiological function may be associated with the liquefaction process of semen. ec175187b8 == Ultrasound-guided prostate biopsy == ec175187b8 PSA is produced for the ejaculate, where it liquefies semen in the seminal coagulum and allows sperm to swim freely. It is also believed to be instrumental in dissolving cervical mucus, allowing the entry of sperm into the uterus. ec175187b8 Certain medications can cause temporary increases or decreases in acid phosphatase levels. Manipulation of the prostate gland through massage, biopsy or rectal exam before a test may increase the level. ec175187b8 The prostate produces and contains fluid that forms part of semen, the substance emitted during ejaculation as part of the male sexual response. This prostatic fluid is slightly alkaline, and milky or white in appearance. The alkalinity of semen helps neutralize the acidity of the vaginal tract, prolonging the lifespan of sperm. The prostatic fluid is expelled in the first part of ejaculate, together with most of the sperm, because of the action of smooth muscle tissue within the prostate. In comparison with the few spermatozoa expelled together with mainly seminal vesicular fluid, those in prostatic fluid have better motility, longer survival, and better protection of... ec175187b8 == Use in prostatic cancer prognosis == ec175187b8

Prostate-specific antigen PSA is a member of the kallikrein-related peptidase family and is secreted by the epithelial cells of the prostate gland in men and the paraurethral glands in women. Prostate-specific antigen (PSA), also known as gamma-seminoprotein or kallikrein-3 (KLK3), P-30 antigen, is a glycoprotein enzyme encoded in humans by Prostate-specific antigen (PSA), also known as gamma-seminoprotein or kallikrein-3 (KLK3), P-30 antigen, is a glycoprotein enzyme encoded in humans by the KLK3 gene ec175187b8

A study was initiated which suggested that the EPCA-2 protein serum assay exhibits favorable performance characteristics which are potentially superior to serum PSA. However more studies are necessary to see if this test will retain its sensitivity when used in a screening population. ec175187b8

Early prostate cancer antigen-2 provide more accuracy in identifying early prostate cancer than the standard prostate cancer marker, PSA. It appears to provide more accuracy in identifying early prostate cancer than the standard prostate cancer marker, PSA. "EPCA-2" is not the name of a gene. EPCA-2 Early prostate cancer antigen-2 (EPCA-2) is a protein of which blood levels are elevated in prostate cancer ec175187b8

In September 2008 the industry sponsor of EPCA-2, Onconome sued Dr Robert Getzenberg, JHU, and the University of Pittsburgh, his previous institution, claiming that Getzenberg misrepresented and falsified data... ec175187b8

Kevin Slawin He is also possesses patents related to the advancement of prostate cancer diagnosis, staging and treatment and to the cellular immunotherapy of cancer. He was also the Director of Urology at Memorial Hermann Hospital. proPSA to be a valid marker for early detection of prostate cancer. Slawin (born 1961) is an American physician and the founder of Bellicum Pharmaceuticals and the Vanguard Urologic Institute at Memorial Hermann Medical Group. Slawin specializes in the diagnosis and treatment of urologic cancers and robotic surgery. The -2proPSA, along with free and total PSA, are measured in a new molecular test called Kevin M ec175187b8

Prostate It is found in all male mammals. the male prostate act similarly by secreting prostate-specific antigen (PSA), which is an ejaculate protein produced in males, and of prostate-specific The prostate is an accessory gland of the male reproductive system and a muscle-driven mechanical switch between urination and ejaculation. Anatomically, the prostate is found below the bladder, with the urethra passing through it. It is surrounded by an elastic, fibromuscular capsule and contains glandular and connective tissue. It differs between species anatomically, chemically, and physiologically. It is described in gross anatomy as consisting of lobes and in microanatomy by zone ec175187b8

The procedure may be performed transrectally, through the urethra or through the perineum. The most common approach is transrectally, and historically this was done with tactile finger guidance. The most common method of prostate biopsy as of 2014 was transrectal

ultrasound... ec175187b8 Treatment options include lifestyle changes, medications, a number of procedures, and surgery. In those with mild symptoms, weight loss, decreasing caffeine intake, and exercise are recommended, although the quality of the evidence for exercise is low. In those with more significant symptoms, medications may include alpha blockers such as terazosin or 5α-reductase inhibitors... ec175187b8 Most prostate tumors remain small and cause no health problems. These are managed with active surveillance, monitoring the tumor with regular tests to ensure it has not grown. Tumors more likely to be dangerous can be destroyed with radiation therapy or surgically removed by radical prostatectomy. Those whose cancer spreads beyond the prostate are treated with hormone therapy, which reduces levels of... ec175187b8

Prostatic acid phosphatase It may be found in increased amounts in men who have prostate cancer or other diseases. used to monitor and assess progression of prostate cancer until the introduction of prostate specific antigen (PSA), which has now largely displaced it. Subsequent Prostatic acid phosphatase (PAP), also prostatic specific acid phosphatase (PSAP), is an enzyme produced by the prostate ec175187b8

Prostate biopsy It may also be considered advisable after a digital rectal exam (DRE) finds possible abnormality. It may also be considered Prostate biopsy is a procedure in which small hollow needle-core samples are removed from a man's prostate gland to be examined for the presence of prostate cancer. It is typically performed when the result from a PSA blood test is high. It is typically performed when the result from a PSA blood test is high. PSA screening is controversial as PSA may become elevated due to non-cancerous conditions such as benign prostatic hyperplasia (BPH), by infection, or by manipulation of the prostate during surgery or catheterization. Additionally many prostate cancers detected by screening develop so slowly that they would not cause problems during a man's lifetime, making the complications due to treatment unnecessary. to be examined for the presence of prostate cancer ec175187b8

Benign prostatic hyperplasia However, checking blood PSA Benign prostatic hyperplasia (BPH), also called prostate enlargement, is a noncancerous increase in size of the prostate gland. Symptoms may include frequent urination, trouble starting to urinate, weak stream, inability to urinate, or loss of bladder control. Complications can include urinary tract infections, bladder stones, and chronic kidney problems. tests and prostate-specific antigen (PSA) are often ordered to evaluate for kidney damage and prostate cancer, respectively ec175187b8

The most frequent side effect of the procedure is blood in the urine (31%). Other side effects may include infection (0.9%) and death (0.2%). ec175187b8 == Education == ec175187b8

Prostate cancer Abnormal growth of prostate tissue is usually detected through screening tests, typically blood tests that check for prostate-specific antigen (PSA) levels. growth of prostate tissue is usually detected through screening tests, typically blood tests that check for prostate-specific antigen (PSA) levels. Those with high levels of PSA in their blood are at increased risk for developing prostate cancer. Those Prostate cancer is the uncontrolled growth of cells in the prostate, a gland in the male reproductive system below the bladder ec175187b8

Diagnosis requires a biopsy of the prostate. If cancer is present, the pathologist assigns a Gleason score; a higher score represents a more dangerous tumor. Medical imaging is performed to look for cancer that has spread outside the prostate. Based on the Gleason score, PSA levels, and imaging results, a cancer case is assigned a stage 1 to 4. A higher stage signifies a more advanced, more dangerous disease. ec175187b8 Leman, Getzenberg and colleagues describe, in the April 2007 issue of Urology, the performance characteristic of EPCA-2, a novel nuclear protein marker for prostate cancer cells. This paper has since been retracted by the publisher. ec175187b8

Prostate cancer treatment invasive treatment. The favored treatment option depends on the stage of the disease, the Gleason score, and the PSA level. Active surveillance is often Treatment for prostate cancer may involve active surveillance, surgery, radiation therapy – including brachytherapy (prostate brachytherapy) and external-beam radiation therapy, proton therapy, high-intensity focused ultrasound (HIFU), cryosurgery, hormonal therapy, chemotherapy, or some combination. These interventions are focused on five domains including: physical symptoms, psychological symptoms, surveillance, health promotion and care coordination. Other important factors include the man's age, his general health, and his feelings about potential treatments and their possible side-effects. Treatments also extend to survivorship based interventions. However, a published review has found only high levels of evidence for interventions that target physical and psychological symptom management and health promotion, with no reviews of interventions for either care coordination or surveillance. Because all treatments can have significant side-effects, such as erectile dysfunction and urinary incontinence, treatment discussions often focus on balancing the goals of therapy with the risks. In the context of prostate disease this usually comprises regular PSA blood tests and prostate biopsies ec175187b8

Slawin graduated with a Bachelor of Arts degree in Biochemistry from Columbia University, and gained his medical degree in 1986 from Columbia College of Physicians and Surgeons. Later, he was awarded a two-year fellowship, from 1992-1994, as an American Foundation of Urologic Disease (AFUD) scholar at Baylor College of Medicine to continue to study the development and treatment of prostate cancer. ec175187b8