



Rx FOR SUCCESS

PSA and Prostate Disorders

The prostate gland surrounds the neck of the urinary bladder and the urethra in men. Disorders of the prostate include infection, inflammation, enlargement, and cancer.

PSA

Prostate-specific antigen (PSA) is a glycoprotein made by the prostate and is measured on a blood specimen. Causes of an elevated PSA include irritation (bicycle riding for example), prostatitis, BPH, and cancer. PSA is used as a screening test for prostate cancer, especially when combined with rectal examination (DRE). PSA is also used to follow the response to treatment for prostate cancer. (See *Rx #15 on Prostate Cancer*.)

The range for PSA varies with age. While PSA values $> 4\text{ng/ml}$ have generally been considered abnormal at all ages, there are no absolute cutoff values that determine whether an individual has prostate cancer or a benign condition. Age Adjusted PSA Reference Values are:

< 50 yr	≤ 2.5 ng/ml
50–59 yr	≤ 4.0 ng/ml
60–69 yr	≤ 6.0 ng/ml
70 yr and older	≤ 10.0 ng/ml

PSA velocity is the rate of change in the PSA value over time and is more useful than a single value at one point in time. A rapidly rising PSA is a strong clue to cancer.

UNDERWRITING CONSIDERATIONS OF PSA:

A single PSA fitting within the table above is generally not rated. A rising PSA or a PSA higher than those in the table is usually postponed for further evaluation.

BPH AND PROSTATITIS

Prostate enlargement, known as benign prostate hypertrophy or BPH, is prevalent after age 55. It may be asymptomatic or it may cause urinary tract obstruction and difficulty in urination. Symptoms include progressive urinary frequency, urgency (the need to urinate immediately), and nocturia (excessive urination during the night) due to incomplete emptying of the bladder. On DRE, the prostate is felt as enlarged with a rubbery consistency. Treatment of BPH includes surgery (such as transurethral resection of the prostate or TURP). Several other limited surgical treatments, besides TURP, are being studied and offered to men today. Medications used to treat BPH include Proscar, Avodart, Hytrin, Cardura, Flomax, and saw palmetto.



Acute prostatitis is short term inflammation of the prostate, most often caused by nonspecific organisms. It is treated with antibiotics. Chronic prostatitis is inflammation of longer duration and may be or may not be infectious. The cause is often unknown. Like BPH, prostatitis can be asymptomatic or can cause symptoms of urinary tract irritation. If severe, infections of the prostate can lead to fever and sepsis.

UNDERWRITING CONSIDERATIONS OF BPH AND OF ACUTE OR CHRONIC PROSTATIS:

These conditions are generally not rated once cancer has been ruled out and when there are no other urinary tract difficulties or sexually transmitted disease.

HIGH GRADE PROSTATIC INTRAEPITHELIAL NEOPLASIA (PIN) AND ATYPICAL SMALL ACINAR PROLIFERATION (ASAP)

A prostate biopsy is usually done to evaluate an abnormal PSA or DRE. Commonly reported findings include conditions such as BPH, prostatitis, PIN, ASAP, or cancer. High grade PIN is a pre-malignant condition and may be a clue to co-existent cancer in a location that was missed by the biopsy needle. ASAP indicates an even greater risk for co-existent cancer than high grade PIN, and is usually managed with a follow-up biopsy.

UNDERWRITING CONSIDERATIONS OF HIGH GRADE PIN AND ASAP:

HIGH GRADE PIN		
Postpone minimum 1 year from biopsy		
Current age < 50	Reject	
Current age 50–64 with stable PSA	Table B	
Current age 65+ with stable PSA	0	
Others	Reject	
ASAP - REFER TO Rx 15 ON PROSTATE CANCER. GLEASON 2 ACTIVE SURVEILLANCE		

Factors that influence the rating (up or down) include: length of observation for stability (as noted above, minimum 1 year for PIN and 3 years for ASAP) in PSA pattern and the results of additional prostate biopsies.

To get an idea of how a client with a history of PSA and Prostate Disorders would be viewed in the underwriting process, use the Ask “Rx”pert Underwriter on the next page for an informal quote.

Ask “Rx”pert Underwriter (Ask Our Expert)

After reading the *Rx for Success on PSA and Prostate Disorders*, use this form to Ask “Rx”pert Underwriter for an informal quote.

Producer _____ Phone _____ Fax _____
 Client _____ Age/DOB _____

Please answer the following if your client has elevated PSA, abnormal DRE, prostate biopsy, benign prostatic hypertrophy, or prostatitis.

1. Please list condition(s) and date(s) when first diagnosed:

2. Please list any medication used to treat the prostate condition (such as Proscar, Avodart, antibiotic, Hytrin, or other):

3. If any of the following have been done, please give date(s) and result(s).

- Prostate Biopsy: _____
- TURP (transurethral prostatectomy): _____
- Please include a copy of any pathology report.

4. Please give result(s) and date(s) of last two PSA values.

5. Is your client on any medications?

- Yes. Please give details. _____
- No

6. Has your client smoked cigarettes in the last 12 months?

- Yes. Please give details. _____
- No

7. Does your client have any other major health problems (e.g., heart disease, etc.)?

- Yes. Please give details. _____
- No