

# Study supports PSA screening for male BRCA2 carriers

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cancer incidence rate was higher than in noncarriers (19.4 versus 12.0 per 1,000 person years). *BRCA2* carriers were diagnosed at a younger age (61 versus 64 years) and were more likely to have clinically significant disease compared with *BRCA2* noncarriers (77 versus 40 percent). There were no differences in age or tumor characteristics between *BRCA1* carriers and *BRCA1* noncarriers. Compared with PSA alone (area under the curve, 0.65), the 4 kallikrein marker model discriminated better (area under the curve, 0.73) for clinically significant [cancer](#) at biopsy.

"We recommend that male *BRCA2* carriers are offered systematic PSA screening," the authors write.

Several authors disclosed financial ties to the diagnostics industry.

**More information:** [Abstract/Full Text](#)

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(HealthDay)—Systematic prostate-specific antigen (PSA) screening is advised for men who are carriers of the *BRCA2* mutation, which is associated with a higher incidence of prostate cancer, younger age at diagnosis, and clinically significant tumors, according to the interim results of a study published in the December issue of *European Urology*.

Elizabeth C. Page, from the Institute of Cancer Research in London, and colleagues evaluated the utility of targeted [prostate cancer screening](#) using PSA in men with pathogenic, germline *BRCA1/2* mutations and controls (919 *BRCA1* carriers, 709 *BRCA1* noncarriers, 902 *BRCA2* carriers, and 497 *BRCA2* noncarriers).

The researchers found that after three years of screening, 527 men had PSA >3.0 ng/mL, 357 biopsies were performed, and 112 prostate cancer cases were diagnosed (31 *BRCA1* carriers, 19 *BRCA1* noncarriers, 47 *BRCA2* carriers, and 15 *BRCA2* noncarriers). In *BRCA2* carriers, the

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