

# Pre-procedure serum PSA (Recommended)

## Reason/Evidentiary Support

The clinician requesting the pathological examination should provide information on the pre-transurethral resection/enucleation serum prostate-specific antigen (PSA) level, if measured. The use of a standard pathology requisition/request form including a checklist of important clinical information is strongly encouraged to help ensure that relevant clinical data is provided by the clinicians with the specimen and its use.

If the patient is on 5-alpha-reductase inhibitor medications, such as finasteride or dutasteride, this should be recorded as it may lower serum PSA levels and affect interpretation of serum PSA values for detecting prostate cancer.<sup>1-4</sup>

## References

- 1 Guess HA, Gormley GJ, Stoner E and Oesterling JE (1996). The effect of finasteride on prostate specific antigen: review of available data. *J Urol* 155(1):3-9.
- 2 Oesterling JE, Roy J, Agha A, Shown T, Krarup T, Johansen T, Lagerkvist M, Gormley G, Bach M and Waldstreicher J (1997). Biologic variability of prostate-specific antigen and its usefulness as a marker for prostate cancer: effects of finasteride. The Finasteride PSA Study Group. *Urology* 50(1):13-18.
- 3 Marberger M, Freedland SJ, Andriole GL, Emberton M, Pettaway C, Montorsi F, Teloken C, Rittmaster RS, Somerville MC and Castro R (2012). Usefulness of prostate-specific antigen (PSA) rise as a marker of prostate cancer in men treated with dutasteride: lessons from the REDUCE study. *BJU Int* 109(8):1162-1169.
- 4 Andriole GL, Humphrey P, Ray P, Gleave ME, Trachtenberg J, Thomas LN, Lazier CB and Rittmaster RS (2004). Effect of the dual 5alpha-reductase inhibitor dutasteride on markers of tumor regression in prostate cancer. *J Urol* 172(3):915-919.