PSA (Antígeno Prostático Específico) Enfoque 2012

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RESUMEN

Los motivos de ésta presentación es manifestar la preocupación que existe en el medio urológico mundial acerca de la controversia que existe entre la asociación americana de urología (AUA) y la asociación europea de urología (EAU) en relación a la practica de los cribados de Población, que para los primeros no son procedentes por los costos económicos y psicológicos que causan y para los segundos son vitales ya que disminuye la mortalidad enfermedad-especifica en los pacientes detectados con elevaciones del PSA y que son llevados a diagnostico y tratamientos definitivos. El segundo motivo es que vemos como se están haciendo biopsias prostáticas innecesarias relacionadas con los valores absolutos de PSA total, ocasionando problemas de detección de canceres indolentes o clínicamente insignificantes y problemas de angustia tanto en el paciente como en su medio familiar circundante. El punto culminante de la investigación médica actual es dilucidar que cánceres prostáticos son indolentes y que cánceres son letales. Para eso se están dedicando miles de millones de dólares al año en investigaciones para sacar a la luz marcadores tumorales prostáticos que sean más específicos. Ahora bien no hay duda que el PSA es el mejor marcador tumoral que tenemos en la actualidad y desde 1980 cambió para siempre la expectativa de vida de los pacientes con cáncer de próstata, al punto que antes 3 de cada 4 pacientes al momento de su diagnostico eran incurables, hoy en día es lo contrario 3 de cada 4 pacientes son curables y eso gracias al antígeno prostático especifico que permite

diagnósticos precoces. De lo que se trata es de hacer más juiciosa las indicaciones de estudios diagnósticos en pacientes con PSA total fuera de rango, ya que ocasionan deterioro en la calidad de vida de los pacientes y muchas veces ocasionan tratamientos innecesarios.

PALABRAS CLAVE: PSA, cáncer de próstata, detección

SUMMARY

The reasons for this presentation is to express the concern that exists in the urologic world half of the dispute between the American Urological Association (AUA) and European Association of Urology (EAU) in relation to the practice of screening for Population , that the former are not coming for economic and psychological costs that cause and for the latter is vital because it reduces disease-specific mortality in patients with elevations of PSA detected and are taken to definitive diagnosis and treatment. The second reason is that we see as unnecessary prostate biopsies are doing related to the absolute values of total PSA, causing problems of detecting indolent or clinically insignificant cancers and anxiety problems in both the patient and their family environment 2 surrounding. The highlight of current medical research is to elucidate which prostate cancers are indolent and lethal cancers. For that you are spending billions of dollars a year on research to expose prostate tumor markers that are more specific. Now there is no doubt that the PSA is the best tumor marker that we have today and since 1980 has forever changed the life expectancy of patients with prostate cancer, to the point that before 3 out of 4 patients at the time of diagnosis were incurable, today is the opposite of 3 out of 4 patients are curable and that thanks to the prostate specific antigen allows early diagnostics. What is at issue is to make more judicious indications of diagnostic studies in patients with total PSA out of range, because they cause deterioration in the quality of life of patients and often result in unnecessary treatment.

KEY WORDS: SPA, prostate cancer, screening

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