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MSP Billable Prostate Specific Antigen (PSA) Testing

We frequently receive questions and concerns from patients and physicians about PSA testing. While MSP-billable PSA testing has been available for some time in British Columbia, its use is limited to the following situations:

- Monitoring established metastatic disease
- Detection of early recurrence
- A diagnostic adjunct in selected cases

Please note the following:

- PSA testing is not a benefit of MSP for population screening
- There is no age range where MSP billable testing is permitted in the absence of the above clinical situations
- The third category ("a diagnostic adjunct in selected cases") permits physicians to carefully use PSA testing on an individual, case-by-case basis for the management of diagnostically challenging patients

In order to be billable to MSP, it is necessary that the risk box on the requisition be checked off **and** a diagnosis be provided. A list of acceptable and non-acceptable diagnoses is provided below (**diagnoses from MSP Physicians Newsletter - Fall 1996**):

Acceptable Diagnoses (MSP Billable)

- Nodule
- Prostate lumpy
- Prostate hard
- Prostate firm
- Mass prostate
- Query- prostate cancer
- Elevated PSA
- Prostate cancer
- Previous increase in PSA level
- Suspicious feeling prostate gland

Non-MSP Billable Diagnoses

- Screening
- Hematuria NYD

- RPM
- PSA follow-up
- Symptomatic
- History of mass
- ERSD
- Prostatism
- Enlarged prostate
- Urinary incontinence
- Urine for cytology
- Rule out cancer
- PSA pre-operative
- Family history of cancer
- Prostate increase
- Urinary retention
- Urinary dribbling
- Nocturia/frequency
- Urinary obstruction
- Post-op hypertrophy

While PSA testing is sensitive for the diagnosis of prostate cancer, its clinical utility as a general population screen is limited by several factors including:

- PSA is only found in clinically significant quantities in the prostate, however it is found in both malignant and non-malignant cells. PSA will increase in conditions such as benign prostatic hypertrophy. As a consequence, a significant number of elevated PSA results are "false-positives". This is particularly true of PSA values in the "grey zone" (from 4-10 ug/L). Higher PSA levels are more specific for the diagnosis of prostate cancer.
- As a biopsy finding, prostate cancer is extremely common. Note that more than half of all 75 year old men will have biopsy evidence of prostate cancer (and many would have a "positive" PSA test), yet only about 1 in 6 will have any clinical evidence of prostate cancer in their lifetimes. Also note that PSA testing is not generally recommended in patients with less than 10 years life expectancy.
- PSA testing does not distinguish between aggressive and non-aggressive forms of prostate cancer.

The health consequences, which can be both positive and negative, of PSA screening are significant. PSA testing leads to an increase in the number of biopsies, surgeries and surgical complications at a benefit of enabling treatment at an earlier, and potentially curable, stage. Careful patient selection and test result interpretation are necessary to optimize the benefits of PSA testing.

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Nasal Smear for Eosinophils

We occasionally receive requests from physicians to collect nasal smears for eosinophil examinations.

Obtaining good specimens is technique dependent and unfortunately our laboratory assistants have not been trained to obtain these specimens. As such, we will be asking patients to return to your office for collection.

When collecting specimens, please be sure to **label both slides with the patient's first and last name.**

If you have any questions, please contact one of our Haematopathologists at 604-507-5000.

Oral Anticoagulation Management

We would like to draw your attention to a very helpful tool devised by Dr. David Shepro (University of Massachusetts Medical School) and Dr. Jack E. Ansell (Boston University School of Medicine) which we highly recommend as an aid for the management of warfarin therapy. It includes algorithms for initiating warfarin, guidelines on the optimal frequency of INR monitoring, reversal of warfarin prior to surgery, management of high INRs, etc.

The **Anticoagulation Advisor** contains nomograms and a slide-chart which incorporates guidelines adapted by the American College of Chest Physicians 6th consensus publication for antithrombotic therapy (Hirsh J et al. The sixth (2000) ACCP guidelines for antithrombotic therapy for prevention and treatment of thrombosis. American College of Chest Physicians. Chest 2001; 119: 1S-2S). The slide chart also comes in a downloadable version for Palm Pilots. The slide rule costs \$9.95 US and the Palm Pilot version \$24.95 US.

Please visit the website www.anticoagulation-advisor.com for further information and on-line ordering. Or contact the publisher at Hudson Physician Communications Inc, PO Box 631, Holden, MA, USA 01520.

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