

Is his PSA DOUBLING TOO FAST?

Rapid PSA doubling time means a higher risk of disease recurrence and progression.^{1,2}

PSA doubling time (PSADT) refers to the time it takes for PSA levels to double.

These profiles illustrate hypothetical patients with BCR following definitive treatment of localized prostate cancer. The men in these profiles exhibit a rapid PSADT of ≤ 9 -12 months, which indicates high-risk BCR and the potential for poor outcomes.¹⁻³ The AUA Guidelines and NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) recognize that PSADT correlates with the risk of prostate cancer metastasis and mortality based on observational studies.^{4,5}

[Get Started](#)

AUA = American Urological Association, BCR = biochemical recurrence, NCCN = National Comprehensive Cancer Network, PSA = prostate-specific antigen.



Gregory
PSADT: 2.8 months

Nicolas
PSADT: 5 months

Hector
PSADT: 11 months



Not an actual patient.

Gregory

HIGH-RISK BCR

PSA: 2.5 ng/mL

PSADT:
2.8
months

PERSONAL AND SOCIAL HISTORY

Gregory works as an architect. He is married and has 3 children.

PROSTATE CANCER HISTORY

Initial diagnosis was 2 years ago. Treated with radical prostatectomy followed by salvage radiation therapy. Currently has a rapidly rising PSA.

PATIENT PERSPECTIVE

Concerned about his high-risk BCR status and the chance his prostate cancer will progress.

AT TIME OF DIAGNOSIS

- 56 years old
- Gleason score: 8 (4+4)
- Initial PSA: 17.8 ng/mL

RADICAL PROSTATECTOMY

SALVAGE RADIATION THERAPY

PSA nadir:
0.1 ng/mL

PSA: 0.8 ng/mL

PSA: 0.4 ng/mL

PSA nadir:
0.2 mg/mL

PSA: 1.1 ng/mL

PSA: 2.5 ng/mL

CURRENT STATUS

- 58 years old
- PSA: 2.5 ng/mL
- PSADT: 2.8 months
- No evidence of metastasis

January '21 March '21 April '21

October '21

January '22

August '22

November '22

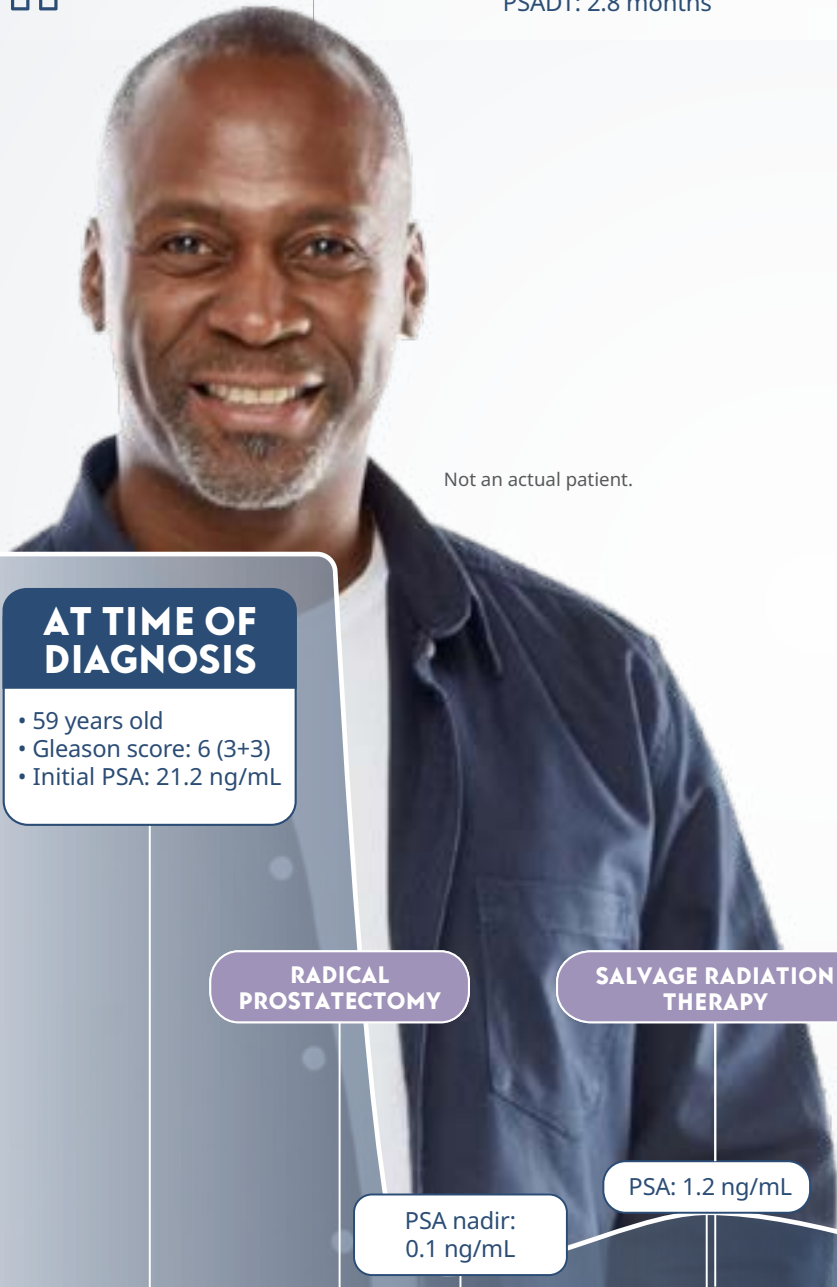
February '23



Gregory
PSADT: 2.8 months

Nicolas
PSADT: 5 months

Hector
PSADT: 11 months



Not an actual patient.

AT TIME OF DIAGNOSIS

- 59 years old
- Gleason score: 6 (3+3)
- Initial PSA: 21.2 ng/mL

RADICAL PROSTATECTOMY

SALVAGE RADIATION THERAPY

PSA nadir:
0.1 ng/mL

PSA: 1.2 ng/mL

PSA nadir:
0.1 ng/mL

PSA: 4.1 ng/mL

PSA: 9 ng/mL

CURRENT STATUS

- 61 years old
- PSA: 9 ng/mL
- PSADT: 5 months
- No evidence of metastasis

Nicolas

HIGH-RISK BCR

PSA: 9 ng/mL

PSADT:
5
months

PERSONAL AND SOCIAL HISTORY

Nicolas works as a pharmacist. He has 1 daughter and 3 grandchildren. His father died of prostate cancer at age 67.

PROSTATE CANCER HISTORY

Nicolas underwent a radical prostatectomy, followed by radiation therapy, shortly after he was diagnosed in November of 2020. His PSA has continued to rise since July of 2022.

PATIENT PERSPECTIVE

With no immediate plans to retire, Nicolas wants to understand his potential prostate cancer recurrence risk.

November '20

March '21 April '21

November '21

July '22

November '22

March '23



Gregory
PSADT: 2.8 months

Nicolas
PSADT: 5 months

Hector
PSADT: 11 months

Hector

HIGH-RISK BCR

PSA: 2.8 ng/mL

PSADT:
11
months

PERSONAL AND SOCIAL HISTORY

Hector has been living with prostate cancer for the last 4 years. He and his husband are volunteers at an animal shelter.

PROSTATE CANCER HISTORY

Initial diagnosis in May of 2018. One year after external beam radiation therapy, Hector's PSA began to rise and has been rising steadily since July of 2019.

PATIENT PERSPECTIVE

Hector enjoys an active lifestyle and loves to take his dogs to the beach. He is motivated to learn more about high-risk BCR.

Not an actual patient.

AT TIME OF DIAGNOSIS

- 64 years old
- Gleason score: 7 (3+4)
- Initial PSA: 16.0 ng/mL

EXTERNAL BEAM RADIATION THERAPY

PSA nadir: 0.8 ng/mL

PSA slowly rising

PSA: 1.0 ng/L

PSA: 1.4 ng/mL

PSA: 2.8 ng/mL

CURRENT STATUS

- 68 years old
- PSA: 2.8 ng/mL
- PSADT: 11 months
- No evidence of metastasis

May '18

June '18

July '19

June '20

May '21

February '22

January '23





Understand PSA doubling time AND HIGH-RISK BCR



Review the association of PSADT to high- vs. low-risk BCR with this [data simulation](#).

References: **1.** Albertsen PC, Hanley JA, Penson DF, Fine J. Validation of increasing prostate specific antigen as a predictor of prostate cancer death after treatment of localized prostate cancer with surgery or radiation. *J Urol* 2004(6 Pt 1):2221-5. **2.** Freedland SJ, Humphreys EB, Mangold LA, et al. Risk of prostate cancer-specific mortality following biochemical recurrence after radical prostatectomy. *JAMA* 2005;294(4):433-9. **3.** Ward JF, Blute ML, Slezak J, Bergstralh EJ, Zincke H. The long-term clinical impact of biochemical recurrence of prostate cancer 5 or more years after radical prostatectomy. *J Urol* 2003;170(5):1872-6. **4.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Prostate Cancer V.1.2023. © National Comprehensive Cancer Network, Inc. 2023. All rights reserved. Accessed April 22, 2023. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. **5.** Lowrance W, Dreicer R, Jarrard DF, et al. Updates to advanced prostate cancer: AUA/SUO guideline (2023). *J Urol* 2023;209(6):1-9. **6.** Pound CR, Partin AW, Eisenberger MA, Chan DW, Person JD, Walsh PC. Natural history of progression after PSA elevation following radical prostatectomy. *JAMA* 1999;281(17):1591-7.