

ADVANCES IN GENETIC SCREENING ARE A DOUBLE-EDGED SWORD

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A recent article in *The Times* newspaper (Rose, 2007), highlighted how a new test for prostatic cancer, the PCA3 gene test, is providing a more effective means of detecting prostate cancer than the current prostate specific antigen (PSA) test.

PSA, a protein produced in the prostate, naturally leaks into the bloodstream and a high PSA score indicates that cancer may be present. In order to be certain of the diagnosis, doctors need to take a biopsy of the prostate. However, some men with cancer have low PSA levels and go undetected, while others without cancer may have high levels of PSA and end up undergoing unnecessary investigative procedures, such as repeated biopsies, to ensure they have not developed the disease.

The new PCA3 test is carried out on urine samples taken after digital rectal examination (DRE) and can identify men who are more likely to have a positive biopsy for cancer. PCA3 is a gene that is only produced in the prostate and is over-expressed by a factor of as much as 66 in cancers of the prostate. The higher the PCA3 score, the more likely it is that the patient will prove to have prostate cancer on biopsy.

This test will help oncologists to select those men with a marginally raised PSA who need to have a prostate biopsy. Furthermore, it seems

likely that the PCA3 test will also predict patients with a more aggressive form of the disease, although research into this is ongoing. With prostate cancer diagnosis rates of around 35,000 men each year in the UK with around 10,000 deaths, this test could transform the way in which prostate cancer is detected and monitored.

However, although this new test represents a positive step forward in the detection of prostate cancer, it also raises the issue of genetic screening and how the medical profession intends to deal with the 'worried well'.

It is possible that personal genome scans could give patients access to their complete genetic code within the next five years, meaning they would be able to uncover inherited variants that may have implications for their health.

Although these developments can be seen in a positive way as they will encourage people to alter their diet and lifestyle, or take preventative medicine, many of the risks revealed by genetic scanning could be so low as to have no clinical significance.

A concern raised by one article (McGuire et al, 2007) is that genetic scans could result in healthy people requesting unnecessary treatments because they misunderstand how genetic information affects their risk of disease, thus increasing the burden on an already strained healthcare system.

Healthcare professionals working in continence and urology will need to consider how access to this information will affect the way in which they assess, counsel and treat patients.

I would also like to take this opportunity to highlight the Department of Health's (DoH) ongoing review of arrangements under part IX of the drug tariff for the provision of stoma and incontinence appliances to primary care (DoH, 2007). The DoH last consulted on these arrangements in November 2006 and in light of responses to those consultations has revised its proposals and is now seeking healthcare professionals' views on the latest draft.

The revised proposals are summarised in the main consultation document and include maintaining and improving the current quality of care, ensuring equitable payment for equivalent services and promoting transparency in what is paid for services and what is reimbursed.

It is vital that continence practitioners are involved in this consultation as the implications of the current proposals will have far-reaching implications for patients. The closing date for responses is November 2007 and I encourage you to participate. **CUK**

References

DoH (2007) Arrangements Under Part IX of the Drug Tariff for the Provision of Stoma and Incontinence Appliances – and Related Services – to Primary Care: revised proposals: consultation document. Available at: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_078135 (Accessed 3/10/07)

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