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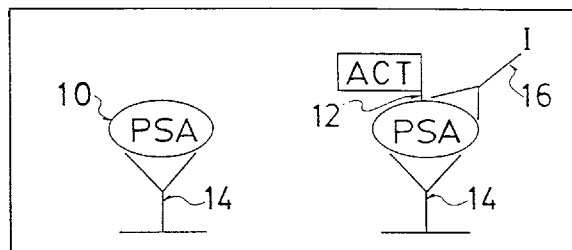
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(54) **NOUVELLES METHODES DIAGNOSTIQUES DE CARCINOME
PROSTATIQUE**
(54) **NOVEL METHODS FOR DIAGNOSING PROSTATIC
ADENOCARCINOMA**



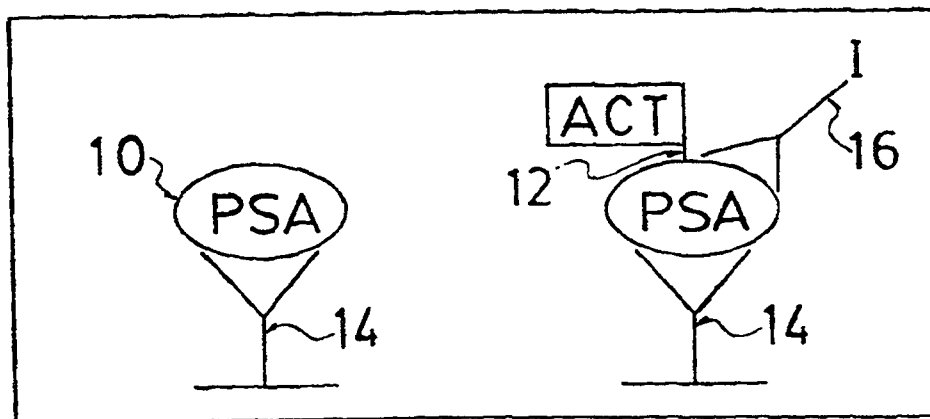
(57) L'invention porte sur une méthode diagnostique de carcinome prostatique (CAP) chez un sujet humain sans recours à une biopsie. On mesure tout d'abord le niveau total d'antigène prostatique spécifique (PSA) présent dans le sang ou le sérum du sujet. Si le sujet a un niveau total de PSA compris entre 2,5 ng/ml et 20,2 ng/ml, on mesure alors le niveau libre de PSA présent dans le sang ou le sérum du sujet, puis on calcule le rapport entre PSA libre (10) et PSA total (12). Si ce rapport est inférieur à environ 7 %, le diagnostic est que le sujet présente un CAP. Ladite méthode peut également être utilisée chez des sujets ayant un PSA total d'au moins 10,1 ng/ml, mais pour lesquels une biopsie de la prostate a été négative.

(57) The present invention relates to a method for diagnosing prostatic adenocarcinoma (CAP) in a male human patient without requiring a biopsy. The total prostate specific antigen (PSA) level in the blood or serum of the patient is measured. If the patient has a total PSA level of between 2.5 ng/ml and 20.2 ng/ml, then the free PSA level in the blood or serum of the patient is measured. The proportion of free PSA (10) to total PSA (12) is calculated. If this proportion is less than about 7 %, then the patient is diagnosed as having CAP. The present method can also be used on patients that have a total PSA of at least 10.1 ng/ml, but have also had a negative prostate biopsy.

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(21) International Application Number: PCT/US96/15586 (22) International Filing Date: 27 September 1996 (27.09.96) (30) Priority Data: 08/536,215 29 September 1995 (29.09.95) US (71)(72) Applicants and Inventors: LUDERER, Albert, A. [US/US]; 28 Catbrier Road, Weston, CT 06883 (US). CARLSON, Grant, D. [US/US]; 460 Clark Lane, Orange, CT 06477 (US). YA-TING, Chen [-/US]; 111 Park Street #7J, New Haven, CT 06511 (US). SORIANO, Thomas, F. [US/US]; 2 Benz Street, Ansonia, CT 06524 (US). THIEL, Robert, F. [US/US]; 789 Litchfield Turnpike, Bethany, CT 06524 (US). (74) Agent: VOYCE, Brian, D.; Suite 100, 2400 Trent Road, New Bern, NC 28562 (US).		(81) Designated States: CA, FI, JP, MX, NO, European patent (AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE). Published <i>With international search report.</i>

(54) Title: NOVEL METHODS FOR DIAGNOSING PROSTATIC ADENOCARCINOMA**(57) Abstract**

The present invention relates to a method for diagnosing prostatic adenocarcinoma (CAP) in a male human patient without requiring a biopsy. The total prostate specific antigen (PSA) level in the blood or serum of the patient is measured. If the patient has a total PSA level of between 2.5 ng/ml and 20.2 ng/ml, then the free PSA level in the blood or serum of the patient is measured. The proportion of free PSA (10) to total PSA (12) is calculated. If this proportion is less than about 7 %, then the patient is diagnosed as having CAP. The present method can also be used on patients that have a total PSA of at least 10.1 ng/ml, but have also had a negative prostate biopsy.

NOVEL METHODS FOR DIAGNOSING PROSTATIC ADENOCARCINOMA

TECHNICAL FIELD

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The present invention relates to a method for diagnosing prostatic adenocarcinoma (CAP) in a male human patient without requiring a biopsy. The total prostate specific antigen (PSA) level in the blood or serum of the patient is measured. If the patient has a total PSA level of between 2.5 ng/ml and 20.0 ng/ml, then the free
10 PSA level in the blood or serum of the patient is measured. The proportion of free PSA to total PSA is calculated. If this proportion is less than about 7%, then the patient is diagnosed as having CAP. The present method can also be used on patients that have a total PSA of at least 10.1 ng/ml, but have also had a negative prostate biopsy.

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BACKGROUND ART

Prostate specific antigen (PSA) is recognized as a molecular marker for
20 prostatic adenocarcinoma (CAP). Blood or serum based immunoassays measuring the total PSA level have been commercially available for a number of years. However, the detection of total PSA does not necessarily mean that a patient has CAP. In order to distinguish CAP, a total PSA test has to satisfy two elements: a high sensitivity -- the ability to detect disease when present, and a high specificity -- the ability to detect true
25 negatives and avoid false positives. From clinical experience, total PSA tests have become accepted as being predictive of CAP if the total PSA level is greater than 10.0 ng/ml. Total PSA values between 0.0 ng/ml and about 3.9 ng/ml have been predictive of no disease being present, with a value of about 2.5 ng/ml being used for men under 60 years old.

30

PSA is primarily organ-specific, not cancer specific. Thus, PSA in blood or serum can result not only from CAP, but also from normal or hyperplastic prostate tissues. Below 10.0 ng/ml, a total PSA test cannot distinguish benign prostatic disease, such as benign prostatic hyperplasia (or BPH) from CAP. Studies have found
5 that 43% (136/319) of patients with organ-confined CAP have a total PSA value within the normal range of less than 4.0 ng/ml. Moreover, about 25% (148/597) of men with benign prostatic disease have a total PSA value above 4.0 ng/ml. (See Oesterling, J. E., "Prostate Specific Antigen: A Critical Assessment of the Most Useful Tumor Marker for Adenocarcinoma of the Prostate", J. Urol., Vol:145, 907-
10 923, 1991.) Standard medical practice is to biopsy patients having total PSA levels of between 4.0 ng/ml and 10.0 ng/ml because about 30% of those patients have CAP.

One proposed method for detecting CAP is disclosed in Serial Number WO 92/01936 to Hans Lilja et al., (Lilja application), filed July 22, 1991, under the Patent
15 Cooperation Treaty (PCT). In general, the Lilja application discloses using immunoassays to measure free PSA and a complexed form of PSA. Free PSA is a 33 kDa single chain glycoenzyme that is produced by the epithelial cells lining the acini and prostatic ducts of the prostate gland. Complexed PSA refers primarily to a 90kDa complex of PSA bound to alpha 1 - antichymotrypsin (ACT) protein. Free PSA and
20 complexed PSA, and their proportions are applied in the diagnosis of patients with CAP. Throughout, the specification discloses using a combination of a free PSA to total PSA (F/T) proportion and a complexed PSA to total PSA (C/T) proportion for use in diagnosing CAP. No prostate needle biopsies were performed on the patients, and the patients covered a full range of total PSA values. The text provides no
25 guidance as to specifically how one uses these proportions.

SUMMARY OF THE INVENTION

The present invention relates to a method for diagnosing CAP in a male human patient without requiring a biopsy. Presently, if a patient has a total PSA level of 4.0
5 ng/ml to 10.0 ng/ml, then he must undergo a prostate needle biopsy, an anesthetic-free operation performed transrectally involving substantial pain and discomfort, especially if a sextant biopsy is performed which requires taking six samples. The present method eliminates the need for about 30% of those patients to undergo such a biopsy for initial diagnosis. A patient diagnosed with CAP from the use of the <7% F/T
10 proportion cutoff would need a prostate biopsy to locate the extent and location of CAP in his prostate. Furthermore, presently, if a patient has a total PSA level of 10.1 ng/ml, and a prostate biopsy has been performed which is negative, the physician is in a quandary as to whether he should continue taking biopsies from the patient now or send the patient home and wait six months. Values of less than 7% for the F/T PSA
15 proportion indicate the presence of CAP and the immediate need to confirm the extent and location of disease with a biopsy.

As used for patients, in general, the present method comprises four steps. First, one measures the PSA level in the blood or serum of the patient. Second, one
20 measures the free PSA level in the blood or serum of a patient, but only if he has a total PSA level of between 2.5 ng/ml and 20.0 ng/ml. (As in the past, if the patient has a total PSA level below 2.5 ng/ml, then he is diagnosed to have benign prostatic disease. If the patient has a total PSA level above 20.0 ng/ml, then he is diagnosed as having CAP.) Third, one calculates the proportion of free PSA to total PSA. Fourth
25 and finally, one diagnoses the patient as having CAP if the calculated proportion of free PSA to total PSA is less than about 7%. Another embodiment of the present invention is a report for a diagnosis of a male human patient having CAP without requiring a biopsy. This report comprises listing a total PSA level of between 2.5 ng/ml and 20.0 ng/ml and listing a free PSA to total PSA proportion which is less than
30 about 7%. As used for patients who have a total PSA level of at least 10.1 ng/ml and

have already been biopsied, but with negative results, the present method also comprises three steps. First, one measures the free PSA level in the blood or serum of the patient. (Optionally, one can re-measure the total PSA level in the blood or serum of the patient.) Then, one calculates the proportion of free PSA to total PSA. Finally,
5 one diagnoses the patient as having CAP if the calculated proportion of free PSA to total PSA is less than about 7%, without requiring a further prostate biopsy to confirm CAP.

A further embodiment of the present invention is a report for a diagnosis of a
10 male human patient having CAP who has a total PSA level of at least 10.1 ng/ml and has had a negative prostate biopsy without requiring a further prostate biopsy to confirm CAP. This report comprises a listing a total PSA level of between 10.1 ng/ml and 20.0 ng/ml and a listing of a free PSA to total PSA proportion which is less than about 7%.

15

BRIEF DESCRIPTION OF THE DRAWINGS

FIGURE 1 is a diagrammatic view of the total PSA assay used in the present invention.
20

FIGURE 2 is a diagrammatic view of the free PSA assay used in the present invention.

FIGURE 3 is a view of a pathology report according to the present invention.

25 FIGURE 4 is a view of a pathology report according to the present invention wherein the patient has already been determined to have a total PSA level of at least 10.1, but has had a negative biopsy.

FIGURE 5 is a graph showing the distribution of F/T proportions versus the
30 probability of a patient having CAP.

PREFERRED EMBODIMENTSAssays

In a preferred embodiment, the present method comprises two immunoassays.

5 The first assay is a total PSA sandwich immunoassay manufactured by Tosoh Medics, Inc. (Tosoh) of Foster City, California. The assay is an immunoenzymetric assay using dual murine monoclonal antibodies. FIGURE 1 shows diagrammatically how, in the final sandwich configurations, this first assay captures both free PSA (10) and complexed PSA/ACT (12) using a capture antibody (14) and an enzyme labelled

10 antibody (16).

The second assay is a free PSA immunoassay manufactured developed by Immuno Corp. for Dianon Systems, Inc. (Dianon) of Stratford, Connecticut. This free PSA test is designed to detect free PSA in serum using an IRMA coated tube format.

15 Free PSA binds to a tube coated by a monoclonal antibody which selectively binds free PSA but not complexed PSA. After washing, an I¹²⁵ labelled polyclonal antibody against free PSA is reacted with the bound free PSA. The physician is given a result that expresses a proportion of free PSA to total PSA. FIGURE 2 shows diagrammatically how in the final sandwich configuration, this second assay captures

20 free PSA (10), but the capture antibody (14) does not specifically bind to the complex of the PSA/ACT complex (12) and radio-labelled antibody (16).

Example

In a clinical study to validate the present invention, 334 patients were tested.

25 Classified as "BENIGN", 90 males were identified as being between 45 years old and 75 years old, having benign prostate disease histologically confirmed by sextant needle prostate biopsy, and no history of cancer. The age mean was 65. Classified as "CAP", 174 males were identified as being between 45 years old and 75 years old and having primary CAP histologically confirmed by needle prostate biopsy. The age mean was

30 67. None of the above patients received any form of prostate-related treatment prior

to blood draw. Total PSA was measured using the Tosoh assay described above, in accordance with the manufacturer's instructions. Free PSA was measured using the Dianon assay described above, in accordance with the manufacturer's instructions.

5 The patient sample was split on the basis of age between those over 60 years old and those 60 years and under. It was further split between those having a total PSA level of between 2.5 ng/ml and 10.0 ng/ml and those having a total PSA level of between 10.1 and 20.0 ng/ml. These splits were determined on the basis of a logistic regression to assess the relative contribution of free PSA, total PSA, and age to the probability that a patient will be confirmed as having CAP on sextant, six core biopsy performed.

Table 1 outlines the results of total PSA testing for patients in the 2.5 to 10.0 ng/ml range.

15

Table 1

STATUS		CAP BENIGN		CAP BENIGN		CAP BENIGN	
Patient Age		60 and under		>60		All ages	
20	No. Patients	12	47	78	127	90	174
(Total PSA level)							
	Mean	6.2	5.7	6.4	5.9	6.3	5.8
	Median	6.5	5.5	6.3	5.6	6.3	5.6
25	Std. Dev.*	2.3	1.8	1.8	1.9	1.9	1.9
	95% CL**	(4.7-7.8)	(5.1-6.2)	(5.9-6.8)	(5.6-6.3)	(5.9-6.7)	(5.6-6.1)
	p-values ***	0.45		0.10		0.05	

* standard deviation

** 95% confidence level for the mean

*** p-values for medians using the Wilcoxon test comparing median values between BENIGN and CAP patients

- 5 As can be seen from this data, total PSA testing does not discriminate between CAP and benign prostate disease patients in the 2.5 to 10.0 ng/ml range. The failure to discriminate is consistent regardless of patient age.

10 Table 2 outlines the results of free PSA to total PSA testing for the patients in Table 1.

Table 2

15 STATUS	CAP	BENIGN	CAP	BENIGN	CAP	BENIGN
Patient Age	60 and under		>60		All ages	
No. Patients	12	47	78	127	90	174
(F/T PSA %)						
20 Mean	11	17	16	22	14	21
Median	11	17	14	20	13	19
Std. Dev.*	5	8	8	10	8	10
95% CL**	(8-15)	(15-20)	(13-17)	(20-24)	(13-16)	(19-22)
p-values ***	0.007		<0.0001		<0.001	

25

* standard deviation

** 95% confidence level for the mean

*** p-values for medians using the Wilcoxon test comparing median values between BENIGN and CAP patients

One can clearly see that the use of free to total PSA testing produces a separation of the median values of patients having CAP from those having benign prostate disease. This separation is significant across all ages.

5

For patients having a total PSA level of between 10.1 ng/ml and 20.0 ng/ml, Table 3 shows that the addition of calculating the F/T PSA proportion does not indicate how to differentiate between all patients having CAP and those having benign prostate disease. However, Table 3 does show that the addition of calculating the F/T PSA proportion indicates that one can differentiate between patients having CAP and those having benign prostate disease if the patients are over 60, rather than 60 and under.

10

Table 3

15

STATUS	CAP	BENIGN	CAP	BENIGN	CAP	BENIGN
Patient Age	60 and under		>60		All ages	
No. Patients	4	5	38	23	42	28
(Total PSA level)						
Mean	13.6	12.1	14.1	13.5	14.1	13.3
Median	12.7	12.2	14.0	12.4	14.0	12.3
Std. Dev.*	3.8	1.3	2.3	2.9	2.5	2.7
95 CL**	(7.4 to 19.7)	(10.5 to 13.8)	(13.4 to 14.9)	(12.3 to 14.9)	(13.3 to 14.9)	(12.2 to 14.3)
p-values ***	0.62		0.33		0.15	

20

25

(F/T PSA %)

	Mean	13	14	13	20	13	19
	Median	10	15	12	20	12	17
	Std. Dev.*	9	5	5	10	5	9
	95% CL**	(0-27)	(9-20)	(13-17)	(16-25)	(11-15)	(16-23)
5	p-values ***	0.46		0.001		0.002	

* standard deviation

** 95% confidence level for the mean

*** p-values for medians using the Wilcoxon test comparing median values between
10 BENIGN and CAP patients

However, it has been discovered that a log-linear logit model of the above data
in Tables 1 to 3 does reveal that the use of a <7% cutoff level for the F/T PSA
15 proportion enables the physician to differentiate between CAP patients and benign
prostate disease patients. Table 4 demonstrates the findings of this modeling.

Table 4

Percent probability that the patient has CAP

20	Patient Age	60 and under		>60		All ages	
	Total PSA**	<10.0	>10.0	<10.0	>10.0	<10.0	>10.0
	(F/T PSA)						
25	<7%	84	92	95	98	92	97
	≥7%-15%	26	45	56	75	48	71
	16%-25%	10	20	28	48	25	46
	>25%	3	7	10	21	9	20

* based on logit linear model

** "<10.0" refers to a total PSA range of between 2.5 and 10.0 ng/ml. while ">10.0" refers to a total PSA range of between 10.1 and 20.0 ng/ml.

5

Overall, the model predicts a 95% probability for a patient having CAP that can be confirmed by sextant prostate biopsy using the <7% F/T proportion cutoff. For patients in the total PSA range of 2.5 to 10.0 ng/ml, the use of a F/T proportion cutoff of <7% gives an overall 92% chance of the patient having CAP. As recognized by
10 physicians, a probability of greater than 80% in these cases is regarded as sufficient to diagnose CAP, absent any contraindications. FIGURE 5 shows the distribution of the F/T proportion in the sample patients. Clearly the CAP patients can be separated benign prostate disease patients by using the about <7% F/T proportion cutoff mark.

15

Using the present method, and in view of the above clinical data, one can expect the following scenario for every 100 prostate biopsies performed on males having a F/T proportion of less than about 7% -- about 90 will have a diagnosis of CAP confirmed by the biopsy. In a time of increasing concern about health care costs and unnecessary medical procedures, the present method provides a powerful cost-
20 saving clinical tool to the urologist. Using the present method, physicians can confidently order a prostate biopsy for a first-time patient having a total PSA level of between 2.5 ng/ml and 10.0 ng/ml, or reorder a prostate biopsy for those patients having a total PSA level of between at least 10.1 ng/ml to 20 ng/ml, but have had a prior negative biopsy.

25

FIGURE 3 and 4 illustrates pathology reports that use the present method. In FIGURE 3, the report includes a listing of the results of a first assay for total PSA. The total PSA level for the patient is between 2.5 ng/ml and 10 ng/ml. It also includes a listing of a calculation occurring from a free PSA assay -- the free PSA to total PSA
30 proportion. The F/T proportion is less than about 7%. Finally, the report includes a

diagnosis of the patient as having CAP. FIGURE 4 is a report for a patient that is being re-measured. The report includes a listing of the results of a first assay for total PSA, showing a total PSA level of at least about 10.1 ng/ml. It also includes a listing of a calculation occurring from a free PSA assay -- the free PSA to total PSA
5 proportion. The F/T proportion is less than about 7%. Finally, the report includes a diagnosis of the patient as having CAP.

All publications or unpublished patent applications mentioned herein are hereby incorporated by reference thereto.

10

Other embodiments of the present invention are not presented here which are obvious to those of skill in the art, now or during the term of any patent issuing herefrom, and thus, are within the spirit and scope of the present invention.

CLAIMS:

1. A method for diagnosing prostatic adenocarcinoma (CAP) in a male human patient without requiring a prostate biopsy comprising:
 - a) measuring the total prostate specific antigen (PSA) level in the blood or serum of the patient;
 - b) measuring the free PSA level in the blood or serum of a patient only if he has a total PSA level of between 2.5 ng/ml and 20.0 ng/ml;
 - c) calculating the proportion of free PSA to total PSA; and
 - d) diagnosing the patient as having CAP if the calculated proportion of free PSA to total PSA is less than about 7%.
2. A method for diagnosing prostatic adenocarcinoma (CAP) in a male human patient who has a measured total prostate specific antigen (PSA) level of at least 10.1 ng/ml and has had a negative prostate biopsy without requiring a further prostate biopsy to confirm CAP comprising:
 - a) measuring the free PSA level in the blood or serum of the patient;
 - b) calculating the proportion of free PSA to total PSA; and
 - c) diagnosing the patient as having CAP if the calculated proportion of free PSA to total PSA is less than about 7%.
3. The method for diagnosing prostatic adenocarcinoma (CAP) as in Claim 2 wherein one also re-measures the total prostate specific antigen (PSA) level in the blood or serum of the patient.
4. The method for diagnosing prostatic adenocarcinoma (CAP) as set forth in Claim 2 wherein one the total prostate specific antigen (PSA) level in the blood or serum of the patient is between 10.1 ng/ml and 20.0 ng/ml.
5. The method for diagnosing prostatic adenocarcinoma (CAP) as set forth in Claim 3 wherein one the total prostate specific antigen (PSA) level in the blood or serum of

the patient is between 10.1 ng/ml and 20.0 ng/ml.

6. A report for a diagnosis of CAP in a male human patient without requiring a prostate biopsy comprising a listing a total PSA level of between 2.5 ng/ml and
5 20.0 ng/ml and a listing of a free PSA to total PSA proportion which is less than about 7%.
7. A report for a diagnosis of CAP in a male human patient who has a measured total
10 prostate specific antigen (PSA) level of at least 10.1 ng/ml and has had a negative prostate biopsy without requiring a further prostate biopsy to confirm CAP comprising a listing a total PSA level of at least 10.1 ng/ml and a listing of a free PSA to total PSA proportion which is less than about 7%.

FIGURE 1

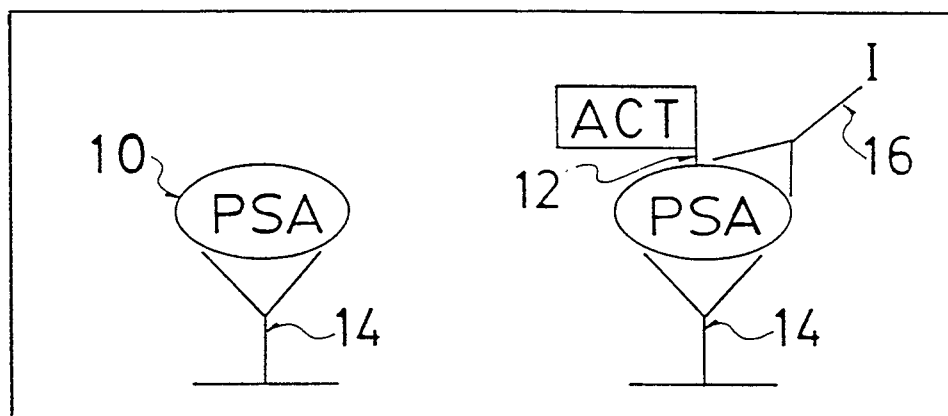


FIGURE 2

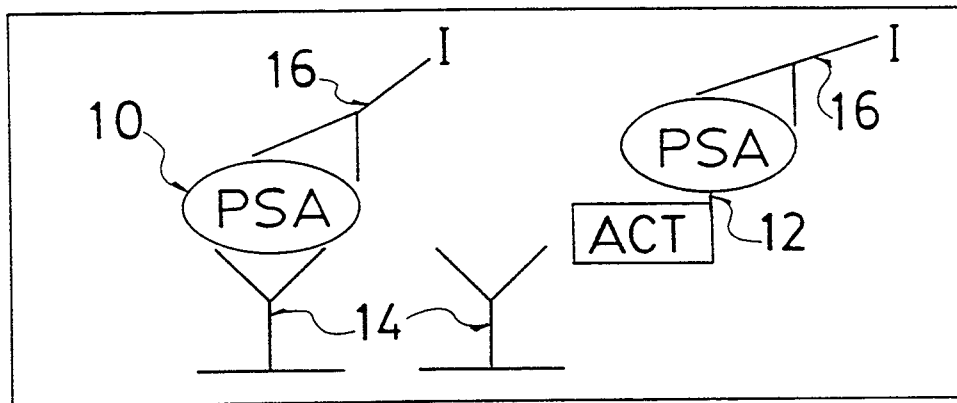


FIGURE 3

DIAGNOSTIC REPORT		PATIENT:_____
TOTAL PSA	F/T RATIO	DIAGNOSIS
5.0 ng/ml	<7%	CAP

FIGURE 4

DIAGNOSTIC REPORT		PATIENT: _____
TOTAL PSA	F/T RATIO	DIAGNOSIS
12.0ng/ml	< 7%	CAP

FIGURE 5

