

# Kallikreins (psa) as new molecular marks in early diagnosis and prognosis of cancer

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**Motsakou Maria**

Medical Laboratory Scientist, Greece

**Correspondence:** Motsakou Maria, For health, Asklepios MDc, Greece Email [mymotsart@hotmail.com](mailto:mymotsart@hotmail.com)**Received:** March 09, 2015 | **Published:** March 24, 2015

## Opinion

Many research have been made taking place in laboratories all over the world searching these new markers named KLKs, we have already see them for prognosis and treatment for many types of cancer, as well as prostate or breast, such as other illnesses like Parkinson or skin diseases. The introduction of PSA at the end of 80s change very much the way of diagnosis, staging and treatment of diagnosis and the treatment of the prostate cancer. The frequent use of PSA for screening test had affection in the staging and diagnosis of the CaP for the last two decades. As well, there were no important changing for the last 20 years, most of the writers think that the reduction in mortality in CaP is due to the use of PSA such as control tool (screening test) and o tool for treatment. As years goes by, many researchers have validated this case.

Although, this method is not perfect, but combines with Digital Rectal Examination (DRE) is better from others. The Positive Predictive Value (PPV) of PSA for values over 4ng/mL is 30-40%. A pathological mammography, for example has PPV 10-20% and it is more expensive than PSA screening test. The average annual growth of PSA is men with CaP or BPH is low (0.75 ng/mL/year for cancer and 0.1-0.5 ng/mL/year for BPH). So, as long as the amount of men that submitted to that screening test is higher year per year, the amount of men with PSA value over 4ng/mL moves closer to that

limit. The PSA era will end when another special marker for this kind of screening test is more sensitive than PSA become available.

## Acknowledgments

None.

## Conflicts of Interest

None.