

Male health: is prostate specific antigen alone useful?

João Henrique Godoy Rodrigues^{1*} , Murillo de Souza Tuckumantel² ,
Luís Cesar Fava Spessoto³ , Fernando Facio Nestor Júnior³ 

Historically, men tend to neglect their health, especially with regard to seeking health care services which may be either due to incompatibility between working hours and the hours of health establishments or for cultural reasons.

The Blue November campaign emerges as an attempt to raise awareness among men regarding the need for prevention of examinations, vaccines when recommended, and the development of a healthy lifestyle with a balanced diet, reduction in alcohol intake and smoking, and the regular practice of physical exercise¹. However, the Blue November became limited as the period of combating prostate cancer with the determination of PSA alone without considering other factors in the development of this disease that should be interpreted before and after this examination. The interpretation of the PSA level should be performed together with other data, such as sexual activity, the practice of sports, prostate infection, and benign prostate enlargement².

The PSA level can contribute to the diagnosis provided that risk factors, symptoms, and variations in the PSA over time are also analyzed. This examination and its interpretation

could avoid unnecessary procedures, such as prostate biopsy in a patient with high PSA alone^{2,3}.

Limiting Blue November to the determination of PSA level alone could further contribute to the exclusion of men to access to integral health care⁴. We should use this campaign as a period to encourage the culture of care, regular medical appointments, disease prevention, and the promotion of healthy habits, with a consequent improvement in individual and social quality of life.

The culprit here is not the PSA examination, but its isolated use as a representative of male health. The clinical assessment, digital rectal examination, and PSA together can improve the quality of the diagnosis.

AUTHORS' CONTRIBUTIONS

JHGR: Conceptualization, Writing – original draft, Writing – review & editing. **MST:** Writing – original draft. **LCFS:** Supervision, Writing – review & editing. **FFNJ:** Supervision, Writing – review & editing.

REFERENCES

1. Espósito RC, Medeiros PJ, Dantas Júnior JH, Oliveira AG, Moreira SA, Sales VSF. Blue November campaign as an annual male self-care strategy for healthy aging. *Aging Male*. 2020;23(5):865-72. <https://doi.org/10.1080/13685538.2019.1610731>
2. Paschen U, Sturtz S, Fleer D, Lampert U, Skoetz N, Dahm P. Assessment of prostate-specific antigen screening: an evidence-based report by the German Institute for Quality and Efficiency in Health Care. *BJU Int*. 2022;129(3):280-9. <https://doi.org/10.1111/bju.15444>
3. Bennett A, Beck A, Shaver N, Grad R, LeBlanc A, Limburg H, et al. Screening for prostate cancer: protocol for updating multiple systematic reviews to inform a Canadian Task Force on Preventive Health Care guideline update. *Syst Rev*. 2022;11(1):230. <https://doi.org/10.1186/s13643-022-02099-9>
4. Pathirana T, Sequeira R, Del Mar C, Dickinson JA, Armstrong BK, Bell KJL, et al. Trends in prostate specific antigen (PSA) testing and prostate cancer incidence and mortality in Australia: a critical analysis. *Cancer Epidemiol*. 2022;77:102093. <https://doi.org/10.1016/j.canep.2021.102093>

¹São José do Rio Preto School of Medicine, Resident of Urology – São José do Rio Preto (SP), Brazil.

²São José do Rio Preto School of Medicine – São José do Rio Preto (SP), Brazil.

³São José do Rio Preto School of Medicine, Department of Urology – São José do Rio Preto (SP), Brazil.

*Corresponding author: jhgodyrodrigues@gmail.com

Conflicts of interest: the authors declare there is no conflicts of interest. Funding: none.

Received on November 28, 2022. Accepted on December 10, 2022.

