PCA3 Testing for Prostate Cancer

Procedures addressed

The inclusion of any procedure code in this table does not imply that the code is under management or requires prior authorization. Refer to the specific Health Plan's procedure code list for management requirements.

<table>
<thead>
<tr>
<th>Procedure addressed by this guideline</th>
<th>Procedure code</th>
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<tbody>
<tr>
<td>PCA3 Score</td>
<td>81313</td>
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What is prostate cancer antigen 3 (PCA3)

Definition

Prostate cancer gene 3 (PCA3) is a non-protein-coding messenger RNA (mRNA) that is highly overexpressed in >95% prostate cancer tissue compared with normal prostate tissue or benign prostatic hyperplasia.¹

- The strong association between PCA3 mRNA levels and prostate cancer led to the development of a urinary assay to measure this analyte to aid in cancer detection.¹

Test information

- Following a digital rectal examination, urine is collected and the mRNAs for the PCA3 gene and the PSA gene are quantified. A PCA3 score is calculated from the ratio of PCA3 RNA to PSA RNA.
- A high (>25) PCA3 Score indicates an increased likelihood of a positive biopsy. A low (<25) PCA3 Score is associated with a decreased likelihood of a positive biopsy.²
- A multi-center study which included a total of 466 men found that at a score cutoff of 25 for men with at least one previous negative biopsy, PCA3 demonstrated 77.5% sensitivity, 57.1% specificity, and negative and positive predictive values of 90% and 33.6%, respectively. Men with a PCA3 score of <25 were 4.56 times more likely to have a negative repeat biopsy than men with a score of >25.³

Guidelines and evidence

- Data from many peer-reviewed publications suggest that PCA3 gene testing, when used with other patient information, may help address some of the well-known
challenges urologists face, such as identifying prostate cancers while reducing unnecessary repeat biopsies.4-6

- The U.S Food and Drug Administration (2012) approved the Progensa PCA3 assay with the following intended use:7
  - “The PROGENSA® PCA3 Assay is indicated for use in conjunction with other patient information to aid in the decision for repeat biopsy in men 50 years of age or older who have had one or more previous negative prostate biopsies and for whom a repeat biopsy would be recommended by a urologist based on current standard of care, before consideration of PROGENSA PCA3 Assay results.”
  - “The Clinical Study only included men who were recommended by urologists for repeat biopsy. Therefore, the performance of the PROGENSA PCA3 Assay has not been established in men for whom a repeat biopsy was not already recommended.”
  - “Black Box Warning: The PROGENSA PCA3 Assay should not be used for men with atypical small acinar proliferation (ASAP) on their most recent biopsy. Men with ASAP on their most recent biopsy should be treated in accordance with current medical guidelines.”

- The National Comprehensive Cancer Network (NCCN, 2018) guidelines for prostate cancer early detection recognize the FDA-approved use of PCA3 testing and state:8
  - “Results were reported from an NCI Early Detection Research Network (EDRN) validation study of the PCA3 urinary assay in 859 men scheduled for a diagnostic prostate biopsy in 11 centers. The primary outcomes were reported at a PPV of 80% (95% CI, 72%–86%) in the initial biopsy setting and an NPV of 88% (95% CI, 81%–93%) in the repeat biopsy setting. Based on the data, use of PCA3 in the repeat biopsy setting would reduce the number of biopsies by almost half, and 3% of men with a low PCA3 score would have high-grade prostate cancer that would be missed. In contrast, the risk of high-grade disease in men without prior biopsy with a low PCA3 is 13%. Thus, the panel believes that this test is not appropriate to use in the initial biopsy setting.”
  - “The FDA has approved the PCA3 assay to help decide, along with other factors, whether a repeat biopsy in men aged 50 years or older with one or more previous negative prostate biopsies is necessary. This assay is recommended for men with previous negative biopsy in order to avoid repeat biopsy by the Molecular Diagnostic Services Program (MoDX) and is therefore covered by CMS (Centers for Medicare & Medicaid Services) in this setting.”

- The American Urological Association (AUA 2013, confirmed 2015) guideline on the early detection of prostate cancer concluded:9
  - “At this point, the use of DRE, PSA derivatives (PSA density and age specific reference ranges) and PSA kinetics (velocity and doubling time), PSA molecular
forms (percent free PSA and proPSA), novel urinary markers (PCA3), and prostate imaging should be considered secondary tests (not primary screening tests) with potential utility for determining the need for a prostate biopsy, but with unproven benefit as primary screening tests.”

- “The Panel recognizes that these tests can be used as adjuncts for informing decisions about the need for a prostate biopsy –or repeat biopsy- after PSA screening, but emphasizes the lack of evidence that these tests will increase the ratio of benefit to harm.”

Criteria
Prostate cancer antigen testing (PCA3) may be indicated in males with ALL of the following:

- Age >50 years, and
- One or more previous negative prostate biopsies, and
- Continued clinical suspicion of prostate cancer based on digital rectal exam (DRE) or elevation of prostate specific antigen (PSA) of >3 ng/mL, and for whom a repeat biopsy would be recommended by a urologist based on current standard of care, and
- Atypical small acinar proliferation (ASAP) was NOT identified on the most recent biopsy.

References
