

Commentary

Urinary prostate specific antigen, usefulness is still a matter of controversy

Although the value of urinary prostate specific antigen (PSA) has limited clinical applications, the authors in this original manuscript^[1] has achieved that neither fresh nor dry urinary PSA (uPSA) reflect any serum PSA values, and therefore, the clinical reflection as a diagnostic tool in prostate cancer was poor.

However, few researches in English literature have identified usefulness of urinary PSA. The uPSA as a ratio with serum PSA has been proved as a promising tool to discriminate between benign and malignant prostate.^[2-4] Pejčić *et al.* in his context^[5] in 2005 stated that determination of uPSA cannot differentiate BPH and prostate cancer. However, within localized prostate cancer patients in his study, uPSA can provide additional information concerning T-staging. Later on, Pejčić with his colleagues in 2009^[6] found a correlation between lower uPSA and tumor volume. In another words, the uPSA is still an active topic that needs more studies.

In the presented manuscript, some points should be highlighted. PSA was within the normal range (in the current study^[1] mean 1.1 ng/dl), this was denied any pathological background, so that no pathological support with a prostatic biopsy is a lacking point. Selection of 1, 7 and 28 days of dried uPSA may reflect a forensic interest.

In general, I agree with authors in the advantages of urinary collection of samples being better for providers and easier for the patients. Thereafter, continued work on uPSA is an interesting promising topic to find the relation with prostatic diseases.

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