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*J Cancer Res Clin Oncol. 2011 Feb 23.*  
 Author(s): Mury D, Woelber L, Jung S, Eulenburg C, Choschzick M, Witzel I, Schwarz J, Jaenicke F, Mahner S. Department of Gynecology and Gynecologic Oncology, University Medical Center Hamburg-Eppendorf, Martinistrasse 52, 20246, Hamburg, Germany.

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**Management of Rising Prostate-specific Antigen After a Negative Biopsy.**  
*Curr Urol Rep. 2011 Feb 23.*  
 Author(s): CLevy DA, Jones JS. Cleveland Clinic, Department of Regional Urology, Glickman Urological Institute, 9500 Euclid Avenue, Cleveland, OH, 44195, USA

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**Pathologic findings following false-positive screening tests for ovarian cancer in the Prostate, Lung, Colorectal and Ovarian (PLCO) cancer screening trial.**  
*Gynecol Oncol. 2011 Mar;120(3):474-9. Epub 2010 Dec 7.*  
 Author(s): Nyante SJ, Black A, Kreimer AR, Duggan MA, Carreon JD, Kessel B, Buys SS, Ragard LR, Johnson KA, Dunn BK, Lamerato L, Commins JM, Berg CD, Sherman ME. Division of Cancer Epidemiology and Genetics, National Cancer Institute, National Institutes of Health, 6120 Executive Blvd., Rockville, MD 20852, USA.

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<b>PSA</b>	IVDNews™
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**Could Prostate Biopsies Be Avoided in Men Older than 75 Years with Raised PSA?**  
*Urol Int. 2010 Oct 20.*  
 Author(s): Nomikos M, Mariappan P, Zachou A, McNeill A, Bollina PR. Department of Urology, Western General Hospital, Edinburgh, UK.  
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**Prediction of significant prostate cancer diagnosed 20 to 30 years later with a single measure of prostate-specific antigen at or before age 50.**  
*Cancer. 2010 Oct 19.*  
 Author(s): Lilja H, Cronin AM, Dahlin A, Manjer J, Nilsson PM, Eastham JA, Bjartell AS, Scardino PT, Ulmert D, Vickers AJ. Department of Clinical Laboratories, Memorial Sloan-Kettering Cancer Center, New York, New York.  
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**The Role of PCA3 Testing in Patients with a Raised Prostate-Specific Antigen Level After Greenlight Photoselective Vaporization of the Prostate.**  
*J Endourol. 2010 Oct 21.*  
 Author(s): Henderson J, Ghani KR, Cook J, Fahey M, Schalken J, Thilagarajah R. 1 Department of Urology, Broomfield Hospital, Mid Essex Hospital NHS Trust, Chelmsford, England.  
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At the top of the page content, there is a header for IVDNews with the text: "Customized Global Information on Market, Industry and Product Events. Provided by McGrath & Associates, Inc. a business development and information service company. 563 Brunswick Road, Grass Valley, CA 95945 - News Desk (530) 477-4380. For more information visit us at www.ivdnews.com".

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Below the form, it says: "Your colleague will receive an email with your message above and a link to view the following article:"

The article snippet is titled: "The Study on the Correlation and the Preanalytical Variables of BNP and NT-proBNP" by W. Dai, Y. Li, M. Wang, Renmin Hospital of Wuhan University, Wuhan, China. It is noted as "Posters from AACC Annual Meeting and Clinical Lab Expo, Anaheim, CA, July 25-29, 2010".

The article text includes:

- Background: We aimed at studying the correlation between plasma BNP and NT-proBNP among the patients with suspected chronic heart failure and evaluating the preanalytical variables of plasma BNP and NT-proBNP.
- Methods: Plasma BNP and NT-proBNP were detected in 35 individuals with suspected chronic heart failure (17 males and 18 females). Blood samples were collected in plastic EDTA-containing tubes at room temperature (25 °C) and the plasma levels of BNP and NT-proBNP were determined to evaluate the stability of the two biomarkers. Detection was performed at time points 0h, 2h, 4h, 8h, 16h, 24h. Blood samples were collected in plastic tubes containing coagulant, EDTA-K2 anticoagulation and heparin sodium to evaluate find out which type of sample was most suitable for test.
- Results: There was a significantly positive correlation between Plasma BNP and NTproBNP (r=0.949). At room temperature, after 24h, the concentration of BNP decreased 37.1%, while the concentration of NT-proBNP almost unchanged. One-way ANOVA result showed the detection of BNP had significant difference between serum, EDTA-K2 anticoagulation sample and heparin sodium anticoagulation sample (p<0.05). However, there was no significant difference in the detection of NT-proBNP.
- Conclusion: There was a significantly positive correlation between Plasma BNP and NTproBNP. At room

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**Toward sensitive, quantitative point-of-care testing (POCT) of protein markers: miniaturization of a homogeneous time-resolved fluoroimmunoassay for prostate-specific antigen detection.**  
*Source: Analyst. 2011 Mar 7;136(5):1029-35.*  
 Author(s): Kupstat A, Kumke MU, Hildebrandt N. Universität Potsdam, Institut für Chemie, Physikalische Chemie, Karl-Liebknecht-Straße 24-25, 14476, Potsdam-Golm, Germany.  
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Point-of-care testing (POCT) systems which allow for a sensitive, quantitative detection of protein markers are extremely useful for the early detection and therapy progress monitoring of cancer. However, currently commercially available POCT devices are mainly limited to the qualitative detection of protein markers. In this study the authors demonstrate the successive miniaturization of a sensitive and fast assay for the quantitative detection of prostate-specific antigen (PSA) using a well established and clinically approved homogeneous time-resolved fluoroimmunoassay technology (TRACE®) on a commercial plate-reader system (KRYPTOR®). Regarding the initial requirements for the development of POCT devices the authors applied a 30-fold assay volume reduction (150 µL to 5 µL) to achieve a reasonable lab-on-a-chip volume and a 24-fold and 120-fold excitation pulse energy reduction to achieve reasonable pulse energies for low-cost miniature excitation sources. Due to highly efficient optimization of key POCT parameters our miniaturized PSA assay achieved a 30% increased sensitivity and a 2-fold improved limit of detection compared to the standard plate-reader method.

**CONCLUSION:** These results demonstrate the successful implementation of key parameters for a significant miniaturization and for cost reduction in the clinically approved KRYPTOR® platform for protein detection. The technological alterations required are easy-to-implement and can be immediately adapted for more than 30 diagnostic protein markers already available for the KRYPTOR® platform. These features strongly recommend this assay format to be utilized in innovative, sensitive, quantitative POCT of protein markers. PMID: 21180698

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