

Overview

Useful For

Aiding in predicting recurrence after radical prostatectomy for clinically localized prostate cancer

Following response to androgen ablation therapy, when used in conjunction with prostate-specific antigen

Method Name

Automated Chemiluminescent Immunometric Assay

NY State Available

Yes

Specimen

Specimen Type

Serum

Specimen Required

**Patient Preparation:** For 12 hours before specimen collection, do not take multivitamins or dietary supplements containing biotin (vitamin B7), which is commonly found in hair, skin, and nail supplements and multivitamins.

Collection Container/Tube:

**Preferred:** Red top

**Acceptable:** Serum gel

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 1 mL

**Collection Instructions:** Centrifuge and aliquot serum into a plastic vial.

Specimen Minimum Volume

0.4 mL

Reject Due To

|                 |        |
|-----------------|--------|
| Gross hemolysis | Reject |
| Gross lipemia   | OK     |

Specimen Stability Information

| Specimen Type | Temperature              | Time   | Special Container |
|---------------|--------------------------|--------|-------------------|
| Serum         | Refrigerated (preferred) | 7 days |                   |

|  |        |          |  |
|--|--------|----------|--|
|  | Frozen | 180 days |  |
|--|--------|----------|--|

Clinical & Interpretive

Clinical Information

Prostatic acid phosphatase (PAP), a glycoprotein synthesized by the prostate gland, is a member of a diverse group of isoenzymes that are capable of hydrolyzing phosphate esters in acidic medium. They are classified based on their electrophoretic mobilities.

PAP was a major tumor marker for prostate cancer for more than 50 years.(1) However, PAP is no longer used to screen for or stage prostate cancer. In most instances, serum prostate specific antigen (PSA) is used instead. PAP usefulness is now limited to niche applications. Pre-treatment PAP measurement may add unique, clinically useful prognostic information for predicting recurrence in men who are undergoing radical prostatectomy for clinically localized prostate cancer. PAP also may be useful for following the progression of disease response to therapy in men treated by androgen ablation. However, for both applications, PSA provides more information and also should be utilized.

Reference Values

< or =2.1 ng/mL

Interpretation

Prostatic acid phosphatase (PAP) levels above the reference range may indicate prostate cancer but can be due to many other factors, see Cautions.

A rise in PAP levels in patients with known prostate cancer can indicate tumor progression or recurrence. However, there is considerable intra-subject biological variability, limiting the usefulness of this test.

Cautions

Prostatic acid phosphatase (PAP) measurement must not be regarded as an absolute test for malignancy since other factors, including benign prostatic hyperplasia, prostatic infarction, and manipulation of the prostate gland may result in elevated serum PAP concentrations.

PAP measurements provide little additional information beyond that provided by prostate-specific antigen measurements.

Human anti-mouse antibodies (HAMA) may be present in specimens from patients who have received immunotherapy utilizing monoclonal antibodies. Other heterophile antibodies also may be present in patient specimens. This assay has been specifically formulated to minimize the effects of these antibodies on the assay. However, carefully evaluate results from patients known to have such antibodies.

Clinical Reference

1. Moul JW, Connelly RR, Perahia B, McLeod DG. The contemporary value of pretreatment prostatic acid phosphatase to predict pathological stage and recurrence in radical prostatectomy cases. J Urol. 1998;159:935-940

2. Beaver TR, Schultz AL, Fink LM, et al. Discordance between concentration of prostate-specific antigen and acid phosphatase in serum of patients with adenocarcinoma of the prostate. Clin Chem. 1988;34:1524

3. Velonas VM, Woo HH, dos Remedios CG, Assinder SJ. Current status of biomarkers for prostate cancer. Int J Mol Sci.

2013;14(6):11034-60. doi:10.3390/ijms140611034

4. Kong HY, Byun J. Emerging roles of human prostatic acid phosphatase. Biomol Ther (Seoul). 2013;21(1):10-20. doi: 10.4062/biomolther.2012.095

## Performance

### Method Description

The patient sample is added to a solid phase that is coated with a mouse monoclonal antibody specific for prostatic acid phosphatase (PAP). A goat-anti-PAP-alkaline phosphatase conjugate is added to form an antibody sandwich complex. Excess conjugate is removed by washing, and an adamantyl dioxetane phosphate substrate is added to produce chemiluminescence. Light emission is proportional to PAP concentration in the specimen. (Package insert: IMMULITE 2000 PAP. PIL2KPA-17. Siemens Healthcare; 03/15/2018)

### PDF Report

No

### Day(s) Performed

Monday, Wednesday, Friday

### Report Available

1 to 3 days

### Specimen Retention Time

2 weeks

### Performing Laboratory Location

Rochester

## Fees & Codes

### Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

### Test Classification

This test has been cleared, approved, or is exempt by the US Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

### CPT Code Information

84066

LOINC® Information

| Test ID | Test Order Name               | Order LOINC® Value |
|---------|-------------------------------|--------------------|
| PACP    | Prostatic Acid Phosphatase, S | 20420-6            |

| Result ID | Test Result Name              | Result LOINC® Value |
|-----------|-------------------------------|---------------------|
| PACP      | Prostatic Acid Phosphatase, S | 20420-6             |