Author's response to reviews

Title: Prostate-specific antigen testing accuracy in community practice

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We appreciate the helpful comments from the reviewers. Below are our responses:

Dr. Volk suggested that we look at interval likelihood ratios. The revised manuscript now includes this analysis (which we call stratum-specific likelihood ratios) with results shown in table 3.

Dr. Volk was also concerned about bias in assembling the dataset. We agree that this is a problem. The text acknowledges a work-up bias (discussion) because men with elevated PSA levels were much more likely to undergo biopsy. We also note that a limitation of our study was not knowing the indication for biopsy in men with normal PSA levels (discussion)--we agree that these men probably had abnormal DRE. Dr. Volk is correct that our estimates of test performance may be biased and we have rewritten the limitation to explicitly state: "These findings suggest that our estimates for sensitivity and specificity may be less applicable to a true screening population." However, we stand by our conclusion that these results may still be more applicable than those obtained from urology series--which had similar problems of work-up bias and selection bias in estimating test performance.

The reference list has been changed to reflect the updated AUA guideline citation.

Dr. Mettlin had similar concerns about the generalizability of our results to as screening population because we did not know the indication for testing. We agree and were very careful to use the phrase PSA "testing" and not "screening." We also acknowledge these limitations as described above.