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Antimalignin antibody in serum elevation precedes CA 125 elevation in ovarian cancer and PSA elevation in prostate cancer, with both fewer false negatives and false positives

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AIMS: As Thornthwaite independently confirmed antimalignin antibody in serum (AMAS) test sensitivity of 97% in breast cancer (Cancer Letters 2000;148:39-48) and our previous studies reported 95% accuracy of the AMAS test in a wide variety of cancers, we wished to determine how elevation of the highly cancer cell-cytotoxic immunosurveillant AMAS correlates with elevation of CAI 25 which is 95% false negative in stage I ovarian cancer, and with elevation of PSA which is 40-70% false positive in prostate cancer. METHODS: 1. With repeated CAI 25 elevations and clinical signs pre-exploratory surgery for ovarian cancer, a single blind AMAS determination was performed. 2. In longitudinal AMAS studies, individual patients were followed up to six years blind to both the clinical status and to the results of CA125 and PSA determinations which were performed in different laboratories, and compared against a data base of 8,090 AMAS blind determinations including 1,175 breast cancer patients and 4,425 normal healthy controls. RESULTS: 1. A single AMAS elevation correctly identified pre-surgery ovarian cancer (AMAS false positive 0%, false negative 0%; CAI' 25 false positives 87.5%). 2. In longitudinal data, AMAS elevation correlates with, and frequently precedes by several weeks or months, first occurrence or recurrence of ovarian and prostate cancer. 3. Loss of AMAS elevation in advanced cancer, previously shown to relate to increased cancer cell mass in terminal cases, was shown in some cases to be reversible: aggressive chemotherapy caused marked reduction in cancer cell mass and re-appearance of elevated AMAS. CONCLUSIONS: 1. AMAS elevation frequently precedes CAI 25 in ovarian and PSA elevation in prostatic cancer with fewer false positives. 2. The hypothesis is presented that lysis of cancer cells by the elevated cancer cell-cytotoxic universal immunosurveillant AMAS contributes to the increased release of cancer cell products such as CAI 25 and PSA which follow. 3. The earlier signal of elevated AMAS permits earlier treatment to attack smaller masses of recurrent cancer cells.