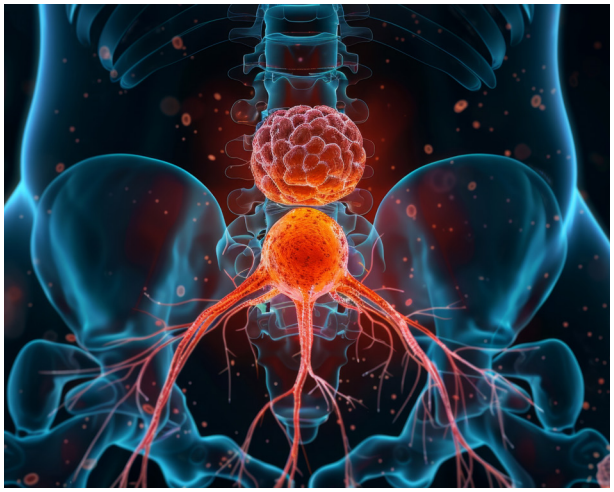
The Prostate-specific Antigen (PSA)

New Recommendations for Diagnostics and Interval Monitoring According to the S3 Guideline on Prostate Cancer (2025)

The Prostate-Specific Antigen (PSA) is an enzyme produced almost exclusively in the prostate gland. Elevated serum concentrations can occur in both benign conditions (e.g. prostatic hyperplasia, prostatitis) and malignant processes (prostate cancer).

In the latest version of the S3 Guideline on Prostate Cancer (2025)[1], the digital rectal examination (DRE) is – for the first time – no longer recommended for the early detection of prostate cancer. Instead, PSA testing should be offered. The updated, risk-adapted PSA monitoring intervals (see Tab. 1) are also intended to help reduce unnecessary examinations and to identify clinically relevant tumours at an early stage.

Furthermore, the guideline reports that the analysis of PSA subfractions may also assist in assessing malignancy in the context of early detection (PSA 2-4 ng/ml).[1] By determining the free PSA (fPSA), the fPSA/PSA ratio can be calculated. This ratio is often reduced (< 0.25) in prostate cancer, whereas benign prostatic conditions such as prostatic hyperplasia are typically associated with higher fPSA levels and thus an increased ratio (> 0.25).[2]



Optimisation of PSA Diagnostics as of 17 November 2025

1. PSA

New Reference Range and Updated Screening Intervals

In the current version of the S3 Guideline on Prostate Cancer (2025), the recommended intervals for PSA screening have been fundamentally revised. The key factor is the risk-adapted determination of the follow-up interval based on the baseline PSA value.

Tab. 1: New reference range and risk-adapted screening intervals (effective as of 17 November 2025)

For men aged 45 years and older with a life expectancy of > 10 years	
PSA < 3.0 ng/ml	New reference range
PSA < 1.5 ng/ml	Follow-up interval every 5 years
PSA 1.5–2.99 ng/ml	Follow-up interval every 2 years
PSA ≥ 3.0 ng/ml	Re-test within 3 months If the increase is confirmed, a urological consultation is recommended.

Note:
After radical prostatectomy, a PSA value > 0.2 ng/ml, confirmed in at least two measurements, indicates biochemical recurrence.

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2. Free PSA (fPSA)

Supplementary Laboratory Diagnostics

When requesting the profile PSA, fPSA, fPSA/PSA Ratio (2418), the fPSA is now automatically determined for PSA values ≥ 2 ng/ml (up to 10 ng/ml), and the corresponding fPSA/PSA ratio is calculated.

Laboratory Diagnostics

Prostate-specific Antigen (PSA) (2405)

Pre-analytics and Sample Collection	
Sample material:	Serum
Sample dispatch:	No special procedures

Billing and Prices	
GOÄ (scale of charges and fees for physicians):	3908.H3
Price for direct payers:	17.49 €
Price for private patients:	20.11 €

PSA, fPSA, fPSA/PSA-Quotient (2418)

Pre-analytics and Sample Collection	
Sample material:	Serum
Sample dispatch:	No special procedures

Billing and Prices	
GOÄ (scale of charges and fees for physicians):	3908.H3
Price for direct payers:	34.98 € *
Price for private patients:	40.22 € *

* If PSA is between 2 and 10 ng/ml, fPSA and the fPSA/PSA ratio are also determined.

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References:

1. Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF (Leitlinienprogramm Onkologie) (2025) S3-Leitlinie Prostatakarzinom, Langversion 8.1:AWMF-Registernummer: 043-022OL.
2. Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF (Leitlinienprogramm Onkologie) (2024) S3-Leitlinie Prostatakarzinom, Langversion 7.0:AWMF-Registernummer: 043-022OL.