

PSA to go away? You read it here years ago

By ACSH Staff — October 7, 2011

Screening healthy men for prostate cancer with a PSA blood test does [more harm than good](#) [1], a major government health panel has decided. The United States Preventive Services Task Force (USPSTF), whose recommendations are usually followed by most medical groups and insurers, will next week release its draft recommendation stating that healthy men over 50 should no longer receive the test.

The task force's recommendation is based on the results of five well-controlled clinical trials suggesting that a PSA test does not significantly lower death rates in men. In addition, getting screened may lead to serious consequences as a result of unnecessary biopsies and treatments. From 1986 to 2005, the task force found that PSA screening resulted in one million men undergoing surgery, radiation therapy, or both. These treatments, many of which had no beneficial effect on the men's long-term health, resulted in tens of thousands of serious complications, ranging from blood in the urine, to incontinence and impotence, and even death. The problem with the PSA test which measures a specific protein released by prostate cells is that it all too often identifies cancerous cells that are so slow-growing they may never actually be harmful. PSA is also often elevated as a result of benign prostate enlargement or hypertrophy (BPH), further impairing the test's diagnostic accuracy. Furthermore, PSA screening does little for men with fast-growing cancer because these aggressive tumors have most often already spread when detected, making treatment only palliative.

The USPSTF's new recommendation makes sense to ACSH, which has for some time observed the toll that PSA screenings take on men's health. ACSH's Dr. Elizabeth Whelan observes that the new recommendation will upset some people, largely because of the widespread belief that any kind of screening is a useful precautionary measure. However, this is a simplistic understanding of what screening allows. Screening as a general rule may carry more risks than benefits, Dr. Whelan emphasizes, pointing to the analogous consequences that have resulted from the standard of routine mammograms for women under 50. She is in agreement with the recommendation that general practitioners should not routinely give PSA tests to their healthy patients. Dr. Ross is even more disturbed to learn that primary care doctors are often ignoring the sound advice against PSA tests on men over 75, as the test in that age group is almost always counterproductive.

Although the test has been credited by many with saving their lives through early detection and surgical resection, clearly, a more specific test for prostate cancer is needed one that will identify only cancer cells that are likely to develop into dangerous tumors and metastases. Research for such a test is in progress, notes Dr. Ross. The PSA test should not continue to wreak so much havoc on people's lives.

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