Readers talk back: PSA Testing

By ACSH Staff — May 23, 2012

Yesterday, we reported on the final recommendation issued by the U.S. Preventive Services Task Force (USPSTF), which advised against PSA screening for prostate cancer in men of any age. Their findings suggest that this test for elevated levels of prostate-specific antigen as an indication of cancer confers more harm than benefits.

We largely agreed with the USPSTF recommendation, albeit expressing concern that there is nothing to replace the PSA test as a means of detecting prostate cancer. The topic remains a controversial one to be sure, as indicated by the letters we received.

ACSH advisor and retired radiologist Dr. Joel White writes:

The feds have been promoting this nonsense about PSA for over a decade now, just to save medicare money. It is very clear that men with certain categories of prostate cancer do, in fact, benefit from treatment. The problem is not the PSA, but giving treatment only to those who will potentially benefit.

Retired toxicologist Robert Scala observes:

I think today’s commentary on PSA testing took an overly simplistic view of this test. Alone, it may raise more concerns than benefits provided. However, my urologist, the chief of department in a major medical school, has told me the test in men is merely a pointer. He uses it in connection with DRE (digital rectal exam) to decide whether biopsy is needed. If all three point to the presence of cancer, he then counsels the patient on both treatment options and the odds of an unfavorable outcome if nothing is done. All this takes into account age, health, family history, etc. And none of this was reflected in ACSH's out-of-hand dismissal of the test.

And, finally, retired surgeon Dr. Jack Fisher has this to say:
I agree with Josh Bloom. My cardiologist checks off lipid panel on his order sheet and I check off PSA before I turn it in at the lab; they tell me I may have to pay for PSA and I am happy to do it. Given a rising level, I would then begin my own personal research about instituting medical therapy early, probably not surgical therapy.
But I understand that the urologic community are still defending their procedures; surgeons are like that.

As a retired surgeon I know.

While we appreciate and understand the concerns that the USPSTF recommendation has raised for many people, both ACSH's Dr. Gilbert Ross and Dr. Elizabeth Whelan maintain that the Task Force's recommendation is sound. One cannot ignore the risk/benefit ratio of just testing for PSA, says Dr. Ross. If you do the test, you have to be prepared to deal with the results, for good or ill.

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