

Ixnay on the PSA

By ACSH Staff — May 22, 2012

Men are no longer advised to get a PSA test, regardless of their age, according to the [final recommendation](#) [1] on prostate cancer screening issued by the U.S. Preventive Services Task Force (USPSTF). The recommendation, initially drafted in 2011, has been published in the *Annals of Internal Medicine*.

PSA tests measure the blood concentration of prostate-specific antigen, which is often present in small quantities among men with healthy prostates; elevated levels, however, may alert doctors to the possibility of prostate cancer or other disorders. Yet recently, there has been much controversy over the accuracy and significance of the test, since 90 percent of men with PSA-detected prostate cancer choose to undergo treatment, such as surgery, radiation, or hormone therapy. Many are concerned that these procedures are often unnecessary and can actually prove more harmful to the patient.

For instance, life-long adverse effects such as urinary incontinence and erectile and bowel dysfunction are possible side effects of prostate surgery. In recognition of this, the USPSTF recommended in 2008 that men over the age of 75 should not undergo prostate cancer screening. The risks, they concluded, did not outweigh any potential benefits.

Now, the latest recommendation states that the harms of PSA testing outweigh the benefits for men of any age. When crafting their recommendation, the USPSTF considered the results of two major trials: The first study found that, overall, PSA tests were not associated with any reduction in prostate cancer mortality; the second study found that, in two out of seven European countries analyzed, PSA testing prevented only about one death per every 1,000 men screened between the ages of 55 and 69.

In an accompanying commentary, Dr. Otis W. Brawley, Chief Medical Officer of the American Cancer Society, commends the USPSTF recommendation. He notes that many men are diagnosed with prostate cancer that may never have progressed within their lifetimes and thus would never have been life-threatening. Yet because these men were screened and treated, they think that the screening saved their lives a perception that has skewed public attitudes toward PSA tests.

On this matter, ACSH's Dr. Elizabeth Whelan wholeheartedly agrees with the USPSTF. It's about time that the public became aware of the fact that PSA testing carries more risks than benefits, she says. I'm glad that the USPSTF is finally coming out with these recommendations; I arrived at the very same conclusion nearly ten years ago when ACSH first began researching the issue.

Yet although the recommendation clearly states that physicians should not offer PSA screening, Dr. Whelan wonders how many doctors will actually follow this advice. Tradition, as we know, is

difficult to change, says Dr. Whelan, and if a doctor already has PSA screening on his battery of tests to do, I m not so sure that he ll be quick to cross it off the list.

Although ACSH s Dr. Josh Bloom concedes that the PSA test is seriously flawed, he points out that its elimination now leaves men with no diagnostic test whatsoever. Since prostate cancer is the second leading cause of cancer deaths in men in the U.S., with an incidence and mortality rate comparable to that of breast cancer in women, this is somewhat analogous to discontinuing mammography screening, he says. It is rather disturbing to realize that such a common cancer in men cannot be detected before it becomes widespread.

Task Force Chair Dr. Virginia Moyer, a professor of pediatrics at Baylor College of Medicine in Houston, echoed Dr. Bloom s sentiments, stating in a news release that there is a critical need for a better test one that leads to early detection of cancers that threaten men's health, but minimizes unnecessary, risky tests and treatments that do not lead to longer or more healthful lives."

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