“Just say no” is the message from a new study [2] published in the latest edition of *JAMA Internal Medicine*. The authors noted that the value of the PSA (prostate-specific antigen) test as a screening tool to detect prostate cancer has been in question for years (particularly for older men), but now the evidence against PSA’s benefit as a routine screening tool is overwhelming.

The problem is that elevated PSA scores, even though they may detect small, indolent tumors, lead to more and more tests, including complex biopsies—with all their own downside risks. As Dr. Timothy Wilt, who has studied prostate cancer screening at the Minneapolis VA Health Care System and the University of Minnesota School of Medicine observed, “The most serious harm from testing is being diagnosed with prostate cancer and nearly all those men undergo treatment, yet treatment offers little or no reduction in prostate cancer mortality, in most men.”

“The challenge here is to educate both physicians and patients about the downside to PSA testing,” notes ACSH’s Dr. Elizabeth Whelan.”Men uninformed about the downside of the test may still demand it and physicians may practice defensive medicine and continue to use the PSA in screening, out of fear that a patient with prostate cancer might in the future claim he developed progressive disease because the doctor did not do the test.”

But the bottom line, advised Dr. Wilt, is that “making a wise decision about PSA testing can often be to say no to a PSA test. Men should not be tested unless they have the information about the harms and the potential small benefit and make an informed decision.”