

# THE DAILY NEWS

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## Avoiding over-diagnosis with PSA screenings

**By Dr. Elizabeth Jaramillo**  
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Most men know about the Prostate-Specific Antigen test. It screens for prostate cancer and has been promoted heavily since the late 1980s. At health fairs and other public venues, PSA testing for all men was pushed in an attempt to find prostate cancer earlier.

As the test became more widely used, clinicians and researchers noticed a large increase in the number of men diagnosed with prostate cancer, and the cancer was found at earlier stages.

This trend should have reduced mortality. Large studies were started that followed thousands of men for up to 15 years to determine the impact of PSA screening in the general population. The consensus was surprising: there appears to be no change in mortality.

This sparked a debate as to whether the PSA screening tool should be used so widely in the general population. In patients with no risk factors, the chance of a false-positive result is high. In patients with certain risk factors such as age, race and family history, the false positive rate is lower. However, the public has been inundated with the importance of screening, and some in the general population demand it.

The American Cancer Society neither opposes nor recommends PSA screening. It recently changed its guidelines to encourage discussion of risks and benefits between the physician and the patient before doing a PSA screening.

The Cancer Society and others in the medical community are concerned because men with positive screening tests usually have biopsies that can have complications including pain, bleeding, infection and decline in the ability to

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control urination and sexual function. Men being tested should know about these complications, as many with a false positive will be faced with deciding whether to have the biopsy or live with not knowing the final diagnosis.

This is a good example of the need to avoid over-diagnosis. Over-diagnosis is when people are diagnosed with a disease that most of the time wouldn't cause health problems.

I participate in the Comparative Effectiveness Research on Cancer in Texas research group, which is studying cancer screening patterns in Texas and evaluating both the good and harmful aspects of over, under, and best utilization of many cancer screenings, including PSAs.

Prostate cancer has some aggressive forms, but usually it is a very slow-growing cancer. Especially in older men, the cancer grows so slowly that other diseases will likely cause mortality before the cancer causes symptoms or spreads.

By testing only men with certain risk factors, we can decrease the rate of over-diagnosis, false positives and unneeded biopsies with associated complications. This would help doctors fulfill their oath "to do no harm."

Both the public and the medical community need to be educated in this. Common wisdom is that screening saves lives. This case opposes that statement in that screening can lead to harm from complications of biopsies. Patients should have a thorough discussion with their physician of the risks and benefits before having this test done.

Dr. Elizabeth Jaramillo is a geriatric fellow in the Division of Geriatrics, Department of Internal Medicine and the Sealy Center on Aging at the University of Texas Medical Branch.