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Screening for prostate cancer is an exception to the rule

By James Goodwin | September 7, 2012 | Updated: September 7, 2012 7:19pm

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September is Prostate Cancer Awareness Month - a good opportunity for looking at the issue of Prostate-Specific Antigen (PSA) screening for prostate cancer in men.

For most cancers, the rule of thumb is "earlier is better," as in the earlier a cancer is caught, the better the outcome. Prostate cancer is an exception to the rule, however. With prostate cancer, looking for it has been found to cause more harm than good.

Take "Tom" for example, a fictitious middle-aged man who goes in for his annual physical in 1995. The doctor orders a PSA test. It comes back elevated.

After further tests and biopsies, Tom is diagnosed with prostate cancer, has surgery or perhaps a course of radiation treatment, experiences side effects of course, but six months later is almost back to normal.

Tom is relieved and grateful because he could have died of cancer. The PSA test found the cancer long before it caused any symptoms, and his doctors are confident it was caught in time. Tom is now a cancer survivor, grateful for the screening that saved his life.

Now, in 2012, Tom learns that the U.S. Preventive Services Task Force has recommended against using the PSA test to screen for prostate cancer. He is confused and perhaps even angry that government bureaucrats would deprive the American public of this life-saving test. Then he learns that the American Cancer Society has also withdrawn its recommendation for routine PSA screening. They are advocates for a cure, not bureaucrats. He is more confused.

"Tom" could be any one of several million men diagnosed with and treated for prostate cancer after a positive PSA test. How could they not be grateful for the PSA test, and angry it is being criticized?

To understand, we have to retell Tom's story - not from his perspective, but from the perspective of the overall impact of PSA screening.

I am director of the Comparative Effectiveness Research on Cancer in Texas (CERCIT) research group. We are studying cancer screening patterns in Texas and evaluating both the good and the harmful aspects of over, under and best utilization of many cancer screenings, including PSA.

Many prostate cancers are exceptionally slow growing or do not grow at all. PSA screenings turn up prostate cancers that tend to not cause problems, are not life threatening, and probably would not have been diagnosed otherwise at any time in a man's life.

Because of a positive PSA test, men are receiving an irrelevant diagnosis and unnecessary treatment for a cancer that, in most instances, would not shorten or otherwise impact their lives.

The over-diagnosis of prostate cancer in 1 million U.S. men is one reason for the recent recommendations against PSA screening. The other is that the likely outcome after a diagnosis is good. Even before the PSA test was introduced, surgery or radiation cured the vast majority of men with prostate cancer.

Physicians always deal in uncertainties and must rely on probabilities.

It is a no-brainer to treat high blood pressure. It is a no-brainer to avoid routine tonsillectomies for children. But in addition to the no-brainers, some tests fall in the gray area, lacking overwhelming evidence for or against.

The PSA screening test fell in this gray area until recent large-scale randomized trials pushed it into the negative column. That is why most authorities now advise against PSA screening, and why primary care physicians are increasingly reluctant to order a PSA test in men with no symptoms.

Convincing the million men like Tom of this fact, however, will continue to be difficult.

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