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# 'Outrage' Over US Prostate Cancer Testing Recommendation

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Dr. Gautam Jayram assists during prostate cancer surgery, University of Chicago Medical Center, Chicago, Sept. 13, 2011 (file photo).

Carol Pearson

TEXT SIZE

May 25, 2012

**W**ASHINGTON - After lung cancer, prostate cancer is the most prevalent killer of men in the United States. So when the U.S. Preventive Services Task Force (USPSTF) recommended that men stop having a test that can tell if they have prostate cancer, it stirred up controversy in the medical community.

For years, men over the age of 40 were told to get a simple blood test to see if they have prostate cancer. But the rationale behind the new recommendation is that treating the cancer can produce more harm than good.

"Close to two-thirds of older men have prostate cancer, and yet the huge majority of them never have a problem from it in their lifetime," says Dr. Virginia Moyer, who heads USPSTF.

The task force reviewed two large studies before concluding that the potentially harmful risks of treating the cancer revealed by the PSA test can outweigh the benefits. While the more common post-treatment side effects include impotence and incontinence, some physicians cite other, potentially more serious risks.

"I actually think impotence and incontinence are some of the minor side effects," says Dr. Otis Brawley, chief medical officer and executive vice president of the American Cancer Society. "Some [patients] are actually going to have significant problems like pulmonary emboli, heart attacks."

But many doctors disagree.

The American Urological Association posted a statement online expressing outrage over the task force's recommendation, specifically because the PSA test is the only widely available test for prostate cancer.

"In the PSA-testing era, which has been over the last 20 years or so, the

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mortality for prostate cancer has declined by 38 per cent," says Dr. Deepak Kapoor, Chairman and CEO of Integrated Medical Professionals and president of the Large Urology Group Practice Association (LUGPA).

Because of the PSA test, he explains, most aggressive forms of prostate cancer are diagnosed before they spread, and the number of patients who live at least 10 years after diagnosis is at an all-time high.

"I have very grave concerns that if we cut back on the screening of prostate cancer, and we no longer detect in its most curable state, [we will have a] public health catastrophe on our hands," he says.

But primary care doctors, not urologists, are the physicians most likely to order PSA tests.

Although studies show that these tests can produce false positives, once cancer is detected, few men are able to wait and see if -- or how rapidly - - the cancer will grow.

Dr. Daniel Merenstein of Georgetown University Medical Center says studies show it is simply a bad test.

"It's a shame that we don't have a better test," he says. "We need to stop wasting resources on tests that we know are not very good."

Dr. Merenstein says he's not planning on having routine PSA screenings for himself, but says the decision to have the test is highly individual and is best made after consultation with a trusted doctor.

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