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New study confirms PSA screening saves lives

By Deepak A. Kapoor, M.D., president, Large Urology Group Practice Association - 03/20/12 11:34 AM ET

For the past two decades (the PSA screening era), we have seen a nearly 40 percent decrease in deaths from prostate cancer although there has been no increase in incidence during this interval. This month, a follow-up of the European Randomized Study of Screening for Prostate Cancer (ERSPC) was published in the New England Journal of Medicine. It confirmed what urologists and other health care providers have known for years: PSA screening is a valuable life-saving tool. The study, "Prostate-Cancer Mortality at 11 Years of Follow-up," showed that the statistical significance of prostate screening for all age groups has improved, with an overall survival advantage of 21 percent. More importantly, for patients followed for more than 10 years, this advantage increased to 38 percent.

Nearly six months ago, U.S. Preventive Services Task Force (USPSTF) recommended healthy men no longer receive PSA tests as part of routine cancer screening. Ironically, this decision against routine PSA screening was made by a panel that does not include urologists or oncologists. The same task force tried unsuccessfully to eliminate mammograms for women ages 40-49 and recommended against teaching women to do breast self-exams. The panel made the PSA recommendation based on contradictory information from studies with serious design flaws. Based on USPSTF recommendations, the Government Accountability Office (GAO) singled out PSA tests as a screening that would require patient co-pays, potentially discouraging men to have testing that could identify cancer in its earliest, most curable stage.

What is particularly disturbing about all this discussion is that PSA screening itself is not treatment, but is merely a simple blood test. There are essentially no risks to screening, and with screening results, patients have the information they need to make better informed decisions about their health. Particularly in need of this information are those at greatest risk for prostate cancer: African-American men and those with a family history of prostate cancer. Opponents to prostate cancer screening are not concerned about the risks or costs of screening (both of which are negligible) but rather that patients, in consultation with their own doctor, may not make the "right" treatment decision. This paternalistic interference by the government with the one of the most private decisions in any man's life is inconsistent with the values we hold most dear. It is simply indefensible.

The revised ERSPC data highlights the problems with the USPSTF process. Under the Affordable Care Act, this taxpayer-funded agency has been given great power to determine what screening tests must be provided. Despite this authority, the USPSTF does complies with neither

the Federal Advisory Committee Act, (FACA) nor the Administrative Procedures Act (APA) which were enacted to ensure that those that ultimately work for American citizens conduct their business in an objective, transparent fashion. We as a country deserve to know who is making health policy decisions by what criteria, as well as if there is an inherent bias or potential conflict of interest that those with that decision-making power may have.

Ultimately, the decision on how to screen and treat prostate cancer should stay where it has always been: between patients and their doctors. This landmark research on the benefits of PSA screening is critical not only for men's health, but also serves to illustrate the severe flaws in our existing process. Enactment of the USPSTF recommendations will cause the needless deaths of thousands of men, and not only must this recommendation be modified, but the entire process revised to ensure such missteps do not occur in the future.

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