New Recommendations on Prostate Cancer Screening

Earlier this year (2012), the United States Preventive Services Task Force (USPSTF) changed their recommendation about prostate cancer screening for men over 50 with the PSA blood test. The USPSTF is a group of experts who review information about disease prevention considering all the effects of a test, not just the disease being tested.

The previous advice had been to review the pros and cons of the test with patients and then let the patient decide. The new recommendation is NOT TO DO ROUTINE PSA SCREENING as it appears to cause more harm than good.

How is this possible? The group looked at research that compared groups of men who received the screening test with groups of similar men who did not. In the years following there were more men alive and well in the group that was not tested. Most prostate cancer is slow growing and often will never cause symptoms. When the PSA test is normal it is fairly good (though not perfect) in indicating a man does not have prostate cancer. However, it is often abnormal, and most of the time a man with an abnormal test does not have prostate cancer. Finding out who does can require ultrasounds and biopsies done through the rectum. If a man does have prostate cancer, the treatment to “cure” it requires aggressive surgery or radiation, both of which have a moderate rate of complications, middle aged men are somewhat prone to blood clots, heart attacks and strokes with major surgery and the treatments affect bowel, bladder and sexual function.

Although most prostate cancers are slow growing, a few are aggressive. We have no way currently to find out which cancers will be aggressive. But at this point, treating all prostate cancers to control the few aggressive ones appears to harm more men than untreated aggressive prostate cancer does.

Annual checking of the prostate as part of a physical exam in men over 50 is still recommended, as lumps are more likely to pose a danger than microscopic cancer.

This recommendation against screening PSA testing does not apply to men at higher risk, for example African Americans and those with a strong family history. (The value of the test in these groups is unknown.) Also, PSA testing is sometimes used to evaluate symptoms or findings on exam, unrelated to the discussion here of its use in screening.

Some men may choose to have PSA screening even knowing everything mentioned above. Everyone is different in the way they deal with uncertainty. If you are considering PSA screening, try to bear in mind that even with an abnormal test or a positive biopsy for cancer, the most appropriate step may be scheduled watchful follow up and not doing anything. For many, this can be a source of significant anxiety year after year. Others are able to take it in stride and feel better knowing things are being tracked.

This is just a summary, and of course, you are always encouraged to discuss anything with us that is unclear or about which you need more information.