



Ask A Doc

Do You Need A Prostate Cancer Screening?

Allison Van Dusen, 08.05.08, 3:00 PM ET

Being screened for prostate cancer probably seems like a no-brainer to most health-conscious men, given that the disease is the second-most common cancer in American men as well as the second-most deadly, affecting one in six men.

But earlier this week the U.S. Preventive Services Task Force, a panel of primary care experts that issues guidelines about clinical preventive services, recommended against routine prostate cancer screening for men over age 75. The group concluded there wasn't proof that early detection was saving men's lives and that the short-term harms outweighed the potential benefits.

To help men make sense of the new recommendation, we turned to Dr. Michael LeFevre, a task force member and professor of family and community medicine at the University of Missouri, and Dr. David Penson, associate professor of urology and preventive medicine at the Keck School of Medicine at USC in Los Angeles.

Forbes.com: What was the U.S. Preventive Services Task Force's previous position on prostate cancer screening and how has it changed?

Dr. Michael LeFevre: In 2002, the last time the task force issued a recommendation on prostate cancer screening, it found insufficient evidence that screening improves health outcomes and reduced deaths. It made no recommendation. We make our recommendations based on what the evidence says, and it would not allow us to quantify the balance of benefits and harms. That continues to be true in men under age 75.

Why did the task force change its recommendation for men over 75 now?

LeFevre: The evidence that has come out over the past few years points to a significant delay between the diagnosis of prostate cancer and the potential for any benefit to accrue.

At age 75, life expectancy is 10 years for men. The harms that we do by detection and treatment [are] in the near term, and the benefit is potentially in the longer term. The judgment of the task force is that the current evidence is sufficient to say that the harm of screening outweighs the potential benefit at this age.

What are the potential harms associated with routine prostate cancer screening for men over 75?

LeFevre: Most people think, "It's just a simple blood test, how can it have any harms?" Those harms associated with the blood test are not terribly large--a false positive test result, an unnecessary follow-up test and, to be honest, a fair amount of anxiety. Then, if you have an elevated PSA [prostate-specific antigen, a biological marker used to detect prostate cancer] but they didn't find cancer, what do [you] do? There's really a cascading effect of testing and treatment. Once you're tested and have an abnormal result, you'll probably elect to have a biopsy, and there's a good chance they'll find cancer. Once they find cancer, there's a good chance you'll be treated. The types of treatments offered to people for prostate cancer have significant harms, even a small mortality associated with them. The trade-off is the hope that you will live longer 10 to 15 years down the road, and that is something that is more hope than validated.

What are some of the possible ramifications of this new recommendation?

Dr. David Penson: Two things worry me. First, there may be payers who decide not to cover prostate cancer screenings in men over age 75. You may have a healthy 77-year-old man who has longevity in his family and maybe a 20-year life expectancy and a payer chooses not to cover it. If he has prostate cancer that goes undetected, he may die earlier than

expected. The other medical and legal ramification is that suddenly a healthy fellow [age] 77 who gets screened is found to have prostate cancer, has a procedure, has a complication and suddenly you've got a malpractice [suit] saying he shouldn't have been screened. Or men who should be screened are not screened and, in fact, they're denied good care. Sometimes guidelines written with the best of intentions have unintended consequences.

What's the take-home message for men in their 70s confused about whether to be screened now?

LeFevre: Clinicians, doctors and other providers should not order a PSA test without first discussing with the patient the potential uncertain benefits and known harms of prostate screening and treatment. Clinicians should help patients weigh their own preferences and values. It's not right for everybody, not wrong for everybody. It's often very hard for patients to conceptualize the potential for harms which might result from medical testing in general, not just for prostate [cancer]. We live in a culture that assumes that more is better, and more is not always better.

Penson: Not every 75-year-old man is truly 75. Who am I to tell a grandfather who is 77 years old and otherwise healthy that he's going to die in 10 years? ...A smarter recommendation would say screenings should not be done in men with less than 10 years life expectancy. I'm going to continue to go with American College of Physicians' guidelines. They don't recommend screening. They recommend discussing screenings with men over age 50 and more than 10 years life expectancy and letting the patient decide.

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