

USPSTF Is Dead Wrong

By Deepak A. Kapoor, MD and Davod M. Albala, MD

We are poised on the brink of a public health catastrophe. Over the last two decades, the death rate from prostate cancer, the second leading cause of male cancer death, has declined by 44%. Historically, over 25% of men presented with metastatic, inevitably fatal, prostate cancer; this has declined by 75%. Ten year survival has increased from 53.5% to an astounding 98.6%. These advances are largely due to improved awareness and detection by patients and the primary care community.

Tragically, the United States Preventive Services Task Force (USPSTF) recently finalized its grade "D" recommendation for PSA-based prostate cancer screening. The USPSTF ignored input from urologists, oncologists and patient groups, relying largely on the Prostate, Lung, Colorectal and Ovarian Screening Trial (PLCO). This nearly 80,000 patient study found no significant benefit from prostate cancer screening. Unfortunately, this deeply flawed study had substantial data contamination of the non-screening group; over 50% of patients received PSA tests. The largest true screening trial, the European Randomized Study of Screening for Prostate Cancer (ERSPC) found that in more than 160,000 men, 21% fewer died of prostate cancer in the screened population; for those followed more than 10 years, this survival benefit increased to 38%. The USPSTF virtually ignored US epidemiological data, inexplicably disregarded the flaws in the PLCO and discounted the results of the ERSPC study.

Unquestionably, for some patients prostate cancer is an indolent disease; however, no reliable method exists to differentiate these men from the more than 30,000 who die from prostate cancer annually. Rather than discourage testing for asymptomatic men (all clinicians understand that once prostate cancer is symptomatic the chance for cure is lost), we should focus on developing improved diagnostic methods and clinical pathways to aid clinicians when counseling patients on their options. To discard the only tool available for early diagnosis is dangerous and irresponsible; in 5-10 years our healthcare system will be deluged with thousands of men presenting with avoidable advanced disease.

The USPSTF superimposes risks of diagnosis and treatment on screening, citing complication rates for prostate biopsy and definitive treatments. There is no obligation for a screened patient to undergo further diagnostic tests or have treatment. Screening simply provides information, empowering men to make informed healthcare decisions with consultation from their own physician. We cannot allow government bureaucracies to pre-empt patient's fundamental right to determine their own healthcare destiny.

We cannot even ask how the USPSTF managed to be so wrong. The USPSTF is exempted from both the Federal Advisory Committee and Administrative Procedures Acts; consequently, it is not required to hold meetings in public; consider public comments; or disclose its methodology. There is no recourse for those harmed by its decisions and these powers are expanded under the Affordable Care Act. The decision on prostate cancer screening, which overrules experts in the field and cherry-picks data to arrive at a pre-determined outcome, illustrates how dangerous such unaccountable power can be. Immediate action is required to curb further misguided government intrusion into our lives and practices.

Deepak A. Kapoor, M.D. is president of the Large Urology Group Practice Association, representing more than 1,800 urologists nationwide, as well as Chairman and CEO of Melville, NY based Integrated Medical Professionals, PLLC, the largest independent urology group practice in the United States. David M Albala, MD is Medical Director of Associated Medical Professionals in Syracuse, NY, and is a member of the Legislative Committee of the American Urological Association.

On May 30, 2012, the Medical Society of the State of New York joined with national urological organizations and patient advocacy groups in issuing a condemnation of the USPSTF recommendations regarding PSA based prostate cancer screening.

