

Knowledge Is Power Don't Underestimate the Value of Prostate Cancer Screening



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It is estimated that one in six men in the US will be diagnosed with prostate cancer at some point in their lifetime. Prostate cancer remains a significant cause of death and illness throughout the world. In fact, it is the second leading cause of cancer death.

At present, the most commonly used detection tools for prostate cancer are the serum prostate-specific antigen (PSA) test and a digital rectal exam (DRE). These complementary tests indicate whether or not a physician should proceed with a biopsy for a definitive pathological diagnosis.

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Gold Standard

Recently the US Preventative Services Task Force published its recommendation that men should not seek PSA testing to screen for prostate cancer. Despite ongoing disputes regarding the effectiveness of PSA screening as an indicator of prostate cancer, a superior alternative test has not yet become available for men at risk.

As a practicing urologist, I often hear my patients say, “I don't need to worry about prostate cancer since it is slow-growing.” This over-generalization could be disastrous. Not all prostate cancers are the same. Yes, some cancers are found to be low grade (or weak) tumors with a small chance of having clinical symptoms, but others might be high-grade, aggressive tumors that can metastasize with lethal consequences.

Currently, the PSA test detects both cancerous and noncancerous abnormalities of the prostate gland, and researchers are actively working to identify new genetic biomarkers that could help distinguish between benign and malignant prostate gland conditions.

Until such time, the PSA remains the gold standard blood test to screen for prostate cancer. As medical understanding of the disease has progressed, however, alterations of this measurement are being investigated and used. For instance, PSA velocity (PSAV)—a variation on the test that measures change in PSA levels over time—has become a popular topic of ongoing research and has been validated as a marker of prostate cancer aggressiveness.

Multiple Factors

At present, the members of Associated Medical Professionals (AMP) support the American Urologic Association's belief that early detection of and risk assessment for prostate cancer should be offered to asymptomatic men 40 years of age or older who have a life expectancy of at least 10 years.

Thanks to early detection from PSA tests, 90% of all prostate cancers are discovered before they spread. At this early stage

the survival rate from prostate cancer is nearly 100%.

AMP advises that men who wish to be screened should have both a PSA test and a DRE. However, the decision to proceed to a prostate biopsy should be based, not only on the PSA and DRE results, but also should take into account multiple factors, including free and total PSA, a patient's age, PSA velocity, family history, ethnicity, prior biopsy history, and other illnesses the patient may have.

Devastating Consequences

AMP also strongly supports informed consent before screening is undertaken, as well as the option of active surveillance, in lieu of immediate treatment, for certain men found to have prostate cancer.

During active surveillance—also known as “watchful waiting”—the tumor is monitored for signs of progression, and PSA tests, DREs, and sometimes biopsies are performed periodically. If tests indicate the cancer is growing, a treatment phase is recommended.

Simply discarding the PSA test based on the US Preventative Services Task Force recommendation could have potentially devastating consequences for many men and their families.

If this panel's recommendation is adopted, I fear that government programs and private insurance companies may eventually deny coverage for PSA testing. Such actions would lead to many men foregoing the early detection of prostate cancer, thus risking the development of preventable aggressive and/or metastatic cancer.