The Atlanta Journal-Constitution
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Prostate cancer's confusion

Saturday, Sept. 14, 2013
BY SCOTT MILLER

Sorting out the abundance of health care information today is not for the faint of heart. Balancing the risks and benefits of what modern medicine has to offer is an increasingly daunting task for my patients. Nothing has come under more scrutiny recently, and led to more confusion, than the PSA (prostate-specific antigen) test for prostate cancer in men.

In the fight against prostate cancer, Georgia has many challenges compared to the rest of the nation. Of the estimated 238,590 new prostate cancer diagnoses in the United States this year, 7,930 will occur in our state. Sadly, 790 Georgians will succumb to this disease by year's end. This disproportionate share equates to 30 percent more deaths than the average state.

The prostate cancer plight in Georgia is perpetuated by our state's disparity in health care access and information. Unfortunately, the population with lower access often overlaps with those groups at higher risk of developing prostate cancer. Georgia outranks most states in terms of rural population density (threefold), high-risk ethnicities (threefold), and persons below poverty level (15 percent higher). In the face of these challenges, we are sending a complex and confusing message to our patients when it comes to prostate cancer screening. In the last 30 years, the death rate from prostate cancer has decreased by almost half. It was during this time that we started using the PSA blood test to screen for prostate cancer. However, the value of this test has recently come into question. Some organizations have criticized this simple blood test for not saving enough lives while increasing unnecessary tests and treatments. As a result, mixed messages are sent to our primary care physicians and our patients.

Discouraging prostate cancer screening below age 55 has its perils. Although prostate cancer is much less common in this age group, a diagnosis at an early age can have a greater impact on life expectancy as compared to an older man. Also, since prostate cancer is relatively slow-growing, diagnosing men under the age of 55 may help prevent death when these men reach their 60s.

Starting at age 40, every man should learn how to reduce his risk of dying of prostate cancer. Waiting for symptoms to develop almost always leads to diagnosing the disease at an incurable stage. Furthermore, early PSA testing provides a baseline to help evaluate levels later in life; the rate of rise can help predict prognosis and need for additional testing.

As all of this confusion slackens the tightrope on which we walk, we miss the true role of the PSA: It is an assessment of risk — nothing more, nothing less. The question should not be whether we use this test, but how we use it. Just as we consider family history and ethnicity to assess the risk for prostate cancer, we should utilize this simple blood test to identify men at increased risk from this potentially deadly disease. In the absence of an alternative blood test, abandoning prostate cancer screening would eliminate our safety net.

Dr. Scott Miller, a board-certified urologist, is the founder of ProstAware, an organization devoted to prostate cancer awareness.

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