

## **An Ax Looms Over The Neck Of Early Prostate Cancer Detection**

Scott Miller, MD

With all of the personal tragedies and lost lives reported in the news, the headlines can often be a difficult read. But when I first saw the report penned by a government agency, I almost choked on my coffee. The U.S. Preventive Services Task Force released a statement recommending discontinuation of the PSA blood test for routine screening for early prostate cancer detection. As a urologist who battles this disease on a daily basis, I felt that the rug was pulled out from under my feet.

Screening tests are used to detect the possible presence of a disease in individuals who have no symptoms of that disease. Further testing is then needed to determine a diagnosis. The PSA blood test – like any good screening test – is intended for detecting a potentially deadly disease in which earlier treatment can increase the likelihood of cure. Waiting for symptoms to develop – as the Task Force suggests – almost always leads to diagnosing prostate cancer at an incurable stage.

The PSA blood test is easy, widely available, inexpensive, and essentially risk-free. I agree that many men diagnosed with prostate cancer may not need treatment. We are fervently working on ways to determine who needs treatment and what management is best for each individual diagnosed with prostate cancer. But the Task Force argues that by eliminating early detection and timely management, we can avoid the potential side effects of treatment. As ridiculous as that sounds, they place the blame on PSA blood tests. A screening test does not diagnosis a disease, nor does it determine the best treatment for that disease. Most importantly, there is no alternative screening test for prostate cancer.

So how does this guideline affect how I can practice medicine? First and foremost, it is an uphill battle educating men and convincing them to take good care of themselves. By playing into the fears of all men, the Task Force has given men another excuse to ignore their own health. When the Task Force gave a similar recommendation concerning mammograms, women became outraged. Unfortunately, in a situation where only the loudest voice is heard, men are not as vocal about their health concerns. I fear that this guideline statement will lead to a government-mandated exclusion of PSA screening – in essence, the proverbial last nail in the coffin.

More than 30,000 men die of prostate cancer each year in the U.S. – a number that will grow if we give up our best way of detecting this disease early. The Task Force – having no urologist or oncologist on their panel – only examined the data that failed to show that PSA testing makes a difference. They ignored the fact that since the introduction of the PSA blood test, the death rate from prostate cancer has dropped nearly 40% in this country. Similarly, the death rate among those diagnosed with prostate cancer in the U.K. – where routine PSA screening is not performed – is almost three times higher than the U.S. If we abandon PSA screening, we abandon not only those men who are likely to die from prostate cancer, but also those survivors who suffer from difficult-to-treat symptoms and a dramatically reduced quality of life. What's next? Will we not be allowed to use a stethoscope?