

PSA Screening

Letter to the Editor, Birmingham News



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To the Editor:

The article "[Prostate test saves few lives, 2 large studies report](#)" published in the March 19 Birmingham News reported that two studies, both from the March 18, 2009 New England Journal of Medicine, "confirm some long-standing concerns about the wisdom of widespread prostate cancer screening." It concludes that prostate cancer screening does not save lives. There are significant flaws in both the study designs and the conclusions.

Prostate cancer is the second leading cause of cancer death in American men. It is usually detected by screening with a rectal examination and a blood test, the PSA. Early, curable prostate cancer has no symptoms. Once diagnosed, if left untreated, most men will not die of the disease for 7-10 years because it is a relatively slow-growing cancer.

The first study, done in the United States, included almost 77,000 men "over 10 year period," has the most serious flaws. In this study, patients were randomly assigned to get screened or to not get screened. If cancer was found in a screened patient, it was treated. Only 67% of enrolled patients completed the study and were included in the analysis. We have no idea what happened to the other 33%, nor which group they came from or why they were not included. This represents a large percentage and casts doubt on the study. More importantly, the median length of follow up was only 6.3 years in the screened group and 5.2 years in the unscreened group. Since the median length of follow up was shorter than the usual length of time needed for a patient to progress from diagnosis to death due to prostate cancer *with no treatment*, then how could the study possibly show any benefit to screening? This is the study's major and glaring flaw. Additionally, nearly 40% of patients assigned to the unscreened group actually had a normal PSA test done prior to entry into the study, therefore, these patients were pre-selected as being unlikely to have prostate cancer, so they were not truly "unscreened."

This falsely lowered the cancer detection and treatment rates in the unscreened group, thus seemingly greatly reducing the value of screening.

The second study, done in Europe, included 162,000 men and was carried out over a longer period of time, solving the US study's greatest flaw. Interestingly, the conclusion reached by the authors of this study was, "PSA-based screening reduce the rate of death from prostate cancer by 20% but was associated with a high risk of overdiagnosis." The media has completely overlooked this conclusion that death rate is lower significantly with screening.

US government cancer statistics show that from 1995 to 2005 (the last year data is currently available), death from prostate cancer fell by almost 38% after decades of a slowly rising death rate. Interestingly, widespread screening began in the US in the early 1990's and early detection and treatment is the only logical explanation for this dramatic decline in the death rate.

Generally accepted guidelines are that men with a 10 year or greater life expectancy should consider prostate cancer screening beginning at age 50 or at age 40 if they have high risk factors of a family history of prostate cancer or are African-American.

We do not have all the answers regarding prostate cancer and, in fact, our greatest challenge is to determine which patients need screening and, even after diagnosis, which patients need aggressive treatment. However, we think that discouraging men from seeking a prostate cancer screening exam, does them a great disservice and misrepresents the facts. Each man, in consultation with his physician, should consider his individual situation, weighing the risks and benefits of screening.

Sincerely,

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