MARIN GENERAL HOSPITAL

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PSA Testing: Standards and Our Position on Screening

In 2012, 241,740 American men were diagnosed with prostate cancer, and another 28,170 died of the disease. Despite these numbers, the U.S. Preventive Services Task Force (USPSTF) issued its final recommendations advising against the use of prostate-specific antigen (PSA) blood test screening for prostate cancer for all men who do not have symptoms. While Marin General Hospital understands the concern of over-diagnosis and possible over-treatment, we strongly disagree with this blanket approach, which disregards risk factors such as age, race, and family history. Since the PSA screening was first introduced, the country has seen a 75 percent reduction in the incidence of metastatic prostate cancer and a 30 percent reduction in mortality. Simply put, the PSA screening saves lives.

We believe the USPSTF is basing its recommendations on the flawed PLCO screening trial:

- This study did not compare the benefit of screening versus no screening, rather it compared annual screening vs ad hoc screening. Compliance in the screening group fell below the projected rate and "contamination" (use of PSA screening) in the control group significantly exceeded projections.
- The PSA number used for recommending a prostate biopsy was outdated and only 30 percent of screened men with an abnormal test underwent prostate biopsy. Too little screening and too few biopsies in the screening group and too much screening in the control group minimized the difference between the groups and led to an underestimation of the benefit of screening.
- The Task Force did not factor in the growing use of active surveillance. Prostate cancer is usually slow growing and experts agree that, with regular monitoring, some patients can defer treatment. Task Force recommendations assume that an abnormal PSA test always leads to a biopsy, and that a prostate cancer diagnosis always leads to a treatment, but active surveillance has changed the status quo.
- Improvements in the PSA test and in our ability to apply it are not reflected in the data the Task Force reviewed, making their conclusions less relevant.
- The study does not consider the costs, both to the individual and to society, of advanced prostate cancer, including aggressive treatment, pain and suffering, and death.

A Different Perspective

Just this year, the American Urological Association expressed its concerns with USPSTF recommendations, stating that the Association "remains in disagreement with the U.S. Preventive Services Task Force in its recommendation against prostate cancer screening in all men, regardless of age or risk, without even considering a discussion of the risks and benefits of screening."

Because prostate cancer only causes symptoms in its advanced stages, waiting for symptoms to occur before intervening is not a viable option. Careful monitoring of patients can still identify cases that need treatment, while avoiding greatly reducing any risk of over-treatment.

At Marin General Hospital, we share this perspective and believe that PSA screening should be part of a comprehensive approach to reducing deaths from prostate cancer. Prostate cancer only causes symptoms in its advanced stages. Therefore, waiting for these symptoms to occur before intervening is not prudent. Careful monitoring of patients can still identify cases that need treatment, while avoiding unnecessary treatment.

Marin General Hospital's Recommendations for Prostate Cancer Screening

Our recommendation follows the 2013 American Urology Association's Early Detection of Prostate Cancer Clinical Guidelines:

- After an informed discussion, offer screening to asymptomatic men over 40 who want it, especially in men aged 55-69.
- Strongly recommend early screening for high risk groups, including African American men and those with a family history of the disease (1st degree relative).
- Ensure patients are informed of the risks and benefits of PSA screening.
- Include active surveillance among the treatment options offered.

We sincerely hope this negative recommendation will not affect the payors' willingness to cover the cost of annual screening as part of wellness care and that men will continue to have prostate cancer screening as suggested by their physician.