Letter to the editor: The Pundit Speaks
By Randolph M. Howes, M.D., Ph.D.
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"Prostate Cancer Dilemmas"

To be sure, prostate cancer is a serious disease and is the cause of many male deaths. Yet, physicians are faced with the dilemma of over-diagnosis and over-treatment. Recently, the United States Preventive Services Task Force (USPSTF) recommended against the use of the prostate-specific antigen (PSA) test to screen for prostate cancer, concluding that there was "moderate or high certainty" that it was not of benefit. This renewed a firestorm of controversy and more patient confusion. Many factors must be considered and some of them are as follows. Many patients suffer adverse consequences of routine prostate surgery such as nerve damage and incontinence. Analysis data provides strong evidence that treatment complications are strongly influenced by the individual surgeons experience, even though many patients are treated by surgeons with very low case volumes. Studies show, among urologists who treat prostate cancer, the most common number of radical prostatectomy procedures is one per year, with a median of 3, and 80% conduct fewer than 10 operations annually. Another well known study found that fully 99% of urologists and radiation oncologists would treat a 65-year old man with low-risk prostate cancer, even though it puts him at high risk for urinary, erectile, and bowel dysfunction, without a corresponding reduction in the risk for prostate cancer death. It is estimated that nearly half of men who die at age 70 without being diagnosed with prostate cancer have detectable cancer in the prostate at the time of autopsy but only about 3% of men die from prostate cancer. Yet, most men diagnosed with prostate cancer are referred to surgery, radiation, or hormonal therapy, even those with the lowest risk. This led to the saying, "Most men die with prostate cancer, not from prostate cancer." Old habits with routine PSA screening tests may maximize the harm of over treatment. Another new study shows that, "Blood tests that indicate prostate-specific antigen (PSA) levels which rise rapidly over time (called PSA velocity) are of little use in detecting aggressive prostate cancer and should not be done." Men with both high and low levels of PSA can have cancer or not have cancer, emphasizing no test is perfect and tests must be interpreted within the context of the entire patient workup (history, symptoms, physical exam and diagnostic tests). Only a biopsy can produce a high degree of certainty.

In the America that I love, we must keep in mind the fact that false positive and negative results are associated with many of our current medical tests. Currently, we need a better way to distinguish between aggressive, life-threatening prostate cancers and those that are slow-growing and relatively benign. Please discuss these issues openly with your doctor to improve overall care.

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