

# Letter to the Editor: The Pundit Speaks

By Randolph M. Howes, M.D., Ph.D.

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## “Prostate Cancer of High Risk is Increasing”

Epidemiologic evidence indicates that more men are now presenting with higher-grade, more invasive prostate cancer in the wake of 2012 recommendations from the US Preventive Services Task Force (USPSTF) not to routinely screen asymptomatic patients to detect early disease. There has been a consistent, stepwise increase in cancers of higher Gleason score, as well as a stepwise increase in the median level of prostatic-specific antigen (PSA), in the 4 years after the USPSTF recommendations were released. At the same time, both surgical volume and the proportion of low-grade cancers have been dropping. Experts say, “Treating high-risk disease has its limitations, because you are not going to cure the majority of patients no matter what you do, so the better answer is to diagnose prostate cancer earlier.” They also say, “If our data are correct, the most important thing to do is to start screening more intensely again.” According to the American Cancer Society (ACS), in the United States, there will be nearly 61,360 new cases of prostate cancer diagnosed this year and about 26,730 deaths from the disease. In 2017, it had been said that even now, after 25 years, “there is still no clarity about the usefulness and desirability” of routine screening for prostate cancer using the prostate-specific antigen (PSA) blood test. In 2017, an updated recommendation emphasized that the decision to undergo PSA screening must be individualized for men aged 55 to 69 years. For men aged 70 years and older, the USPSTF still does not recommend PSA-based screening. However, in 2018, things have changed. Hein van Poppel, MD, PhD, professor of urology, said, “If you are screened for prostate cancer, the likelihood you will die from it is dramatically reduced. Everybody knows that screening decreases prostate cancer mortality. There is no way around it.” Poppel commented that the original finding that PSA screening does not reduce mortality, from the Prostate, Lung, Colorectal, and Ovarian Cancer Screening (PLCO) study that was carried out in the United States, has now been overturned; when confounding factors were taken into account, the study did show an effect. A new analysis of data from the European Randomized Study of Screening for Prostate Cancer (ERSPC) and the PLCO trial now indicates that both studies support a prostate-cancer mortality benefit with PSA screening. The big news is that the new analysis showed a 25% to 31% lower risk for prostate cancer mortality in the ERSPC and a 27% to 32% lower risk in the PLCO among men who were screened compared to men who were not screened.

In the America that I love, prostate cancer is the second most common cancer in men. Please get PSA testing/screening and the digital exam is becoming passé.

Randolph M. Howes, M.D., Ph.D.  
Surgeon/Scientist/Patient Advocate  
27439 Highway 441, Kentwood, LA 70444  
985-229-6955 Home | 985-229-3760 – Fax  
[rhowesmd@hughes.net](mailto:rhowesmd@hughes.net) | [www.iwillfindthecure.org](http://www.iwillfindthecure.org)

