

Recommendation against PSA test too drastic: WU expert

May 22 2012, By Caroline Arbanas

(Medical Xpress) -- A new [recommendation issued today](#) by the U.S. Preventive Services Task Force against routine PSA testing for healthy men age 50 and older goes too far, says a prostate cancer expert at the Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine in St. Louis.

“Routine [PSA](#) screening is not necessary for most [men](#),” says Gerald Andriole, MD, chief of urologic surgery, who acknowledges that widespread testing has led many men with slow-growing tumors to be over diagnosed and over treated with aggressive therapies. “But that doesn’t mean that some men don’t stand to benefit. We have to take a more nuanced approach to determine which men should be screened, how frequently they should be tested and whether their cancer warrants therapy.”

In its statement against routine PSA screening, the [task force](#) says that the test does not save lives and, when positive, often leads to invasive biopsies and treatments such as surgery or radiation therapy, with side effects that can include incontinence and impotence.

But Andriole, who also is the principal investigator of the National Cancer Institute’s Prostate, Lung, Colorectal and Ovarian (PLCO) screening trial, argues that it would be a mistake to universally dismiss the PSA test. Rather, he says the decision to screen should be left up to patients and their doctors, who should take into consideration a man’s overall health, age and other risk factors.

It would be misguided to discourage PSA testing for men who have a high risk of dying from [prostate cancer](#), particularly those with a family history of the disease, he adds.

For men who choose to have a PSA test, Andriole urges caution if the test is abnormal. Doctors, he says, often do not need to rush to perform biopsies or recommend aggressive treatments because most prostate tumors grow slowly. In many cases, “active surveillance” may be practical, which involves periodic PSA tests and biopsies to monitor tumor growth rather than opting for immediate aggressive treatment.

Ending PSA screening all together would mean a return to the “pre-PSA” era when about a third of prostate cancers were advanced and incurable at the time of diagnosis.

“We shouldn’t have a one-size-fits-all approach to prostate cancer screening,” Andriole says. “PSA is not a perfect test but it’s the best we have, and it would be a mistake to routinely dismiss its use.”

Prostate cancer is the second most common cancer among men, after skin cancer. In 2011, nearly 241,000 U.S. men received a diagnosis of prostate cancer and an estimated 34,00 died of the disease.

Provided by Washington University School of Medicine in St. Louis

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