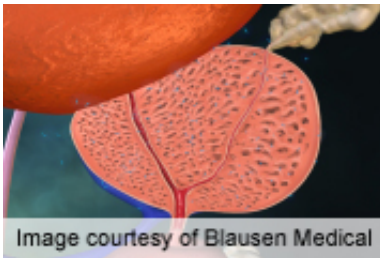


Benefit of PSA reduced by loss of quality-adjusted life-years

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Although the European Randomized Study of Screening for Prostate Cancer has reported a 29 percent reduction in prostate-cancer mortality for men who undergo prostate-specific antigen screening, the benefit is attenuated by loss of quality-adjusted life-years due to post-diagnosis effects, according to a study published in the Aug. 16 issue of the *New England Journal of Medicine*.

(HealthDay) -- Although the European Randomized Study of Screening for Prostate Cancer (ERSPC) has reported a 29 percent reduction in prostate-cancer mortality for men who undergo prostate-specific antigen (PSA) screening, the benefit is attenuated by loss of quality-adjusted life-years (QALYs) due to post-diagnosis effects, according to a study published in the Aug. 16 issue of the *New England Journal of Medicine*.

Eveline A.M. Heijnsdijk, Ph.D., from the Erasmus Medical Center in Rotterdam, Netherlands, and colleagues predicted the number of prostate cancers, treatments, deaths, and QALYs gained following the introduction of PSA screening using Microsimulation Screening

Analysis of ERSPC follow-up data.

The researchers found that, for each 1,000 men followed for their entire life span, annual screening between age 55 and 69 years was predicted to result in a 28 percent reduction in [prostate cancer mortality](#) (nine fewer deaths), a 35 percent reduction in palliative therapy (14 fewer cases), and a total of 73 life-years gained. Fifty-six QALYs were gained, which was a reduction of 23 percent from the unadjusted life-years gained. Ninety-eight men would need to be screened and five cancers detected to prevent one [prostate cancer](#) death. Screening of all men aged 55 to 74 would result in 82 life-years gained but would still result in 56 QALYs.

"The benefit of PSA screening was diminished by loss of QALYs owing to post-diagnosis long-term effects," the authors write. "Longer follow-up data from both the ERSPC and quality-of-life analyses are essential before universal recommendations regarding screening can be made."

Beckman Coulter partially funded the study; several authors disclosed [financial ties](#) to the pharmaceutical industry and Beckman Coulter.

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