

Alternative PSA screening strategies could reduce harm

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(HealthDay)—Compared with standard screening, alternative prostate-specific antigen (PSA) screening strategies could maintain good prostate cancer detection rates while reducing overdiagnoses and unnecessary biopsies, according to research published in the Feb. 5 issue of the *Annals of Internal Medicine*.

Roman Gulati, of the Fred Hutchinson Cancer Research Center in Seattle, and colleagues assessed the [comparative effectiveness](#) of alternative [PSA screening](#) strategies using a microsimulation model of prostate cancer incidence in a contemporary cohort of U.S. men. Thirty-five screening strategies were compared that varied by start and stop age, interval, and threshold for biopsy referral.

The researchers found that the risk for prostate [cancer death](#) was 2.86 percent without screening. The risk was reduced to 2.15 percent (with a 3.3 percent risk of overdiagnosis) with a reference strategy that screens men aged 50 to 74 years annually with a PSA threshold of 4 µg/L for biopsy referral. Use of a higher PSA threshold among older men was associated with a 2.23 percent risk of prostate cancer death and a decrease in the risk of overdiagnosis to 2.3 percent. A biennial screening strategy with longer screening intervals for men with low [PSA levels](#) was associated with a 2.27 percent risk of prostate cancer death and a 2.4 percent risk of overdiagnosis. In addition, this strategy correlated with a 59 percent reduction in total tests and a 50 percent reduction in false-positive results.

"If we recognize that realistic screening strategies must achieve an acceptable balance of benefits and harms as opposed to unconditionally maximizing benefits, we can improve on the effectiveness of existing PSA-based screening for prostate cancer," the authors write.

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