

Prostate cancer may be deadlier for the uninsured

May 7 2013, by Kathleen Doheny, Healthday Reporter



Study found they were more likely to have a higher PSA test score, advanced disease and shorter survival.

(HealthDay)—Men who are uninsured or underinsured get advanced prostate cancer at nearly four times the national average and don't survive as long as other men with advanced disease, a new study says.

"We've identified a group of advanced prostate cancer patients who do not do well," said Dr. Jeffrey Reese, a clinical professor (affiliated) at Stanford University School of Medicine. He's also chief of urology at the Santa Clara Valley Medical Center, a county hospital serving a large underinsured population in San Jose, Calif.

"They come in invariably because they [are] having symptoms of metastatic disease," he said, which is when the cancer has spread to other



parts of the body.

Of all men diagnosed with prostate cancer at the medical center from 1998 through 2008, Reese found 71 men, or more than 14 percent, had advanced prostate cancer. That's more than three times the national average of 4 percent who have advanced cancer at the time of diagnosis.

Even though the men were offered all available treatments, their fiveyear survival rate was also well below the national average, Reese found.

He is due to present the findings Tuesday at the annual meeting of the American Urological Association (AUA), in San Diego.

Testing for PSA measures the blood level of PSA, thought to be a key marker for prostate cancer. "A PSA of 4 is sort of the cutoff" before doctors begin doing other tests, Reese said. Some begin testing, such as a biopsy, even sooner, at 2.5 <u>nanograms</u> per milliliter (ng/mL).

In the study, the 71 men with advanced cancer all had <u>prostate specific</u> <u>antigen</u> (PSA) levels above 100 ng/mL. The median PSA in the men was nearly 400.

None of the 71 men —whose average age was 67—had been tested for PSA before at the Santa Clara hospital, and Reese said he suspects most or all had never had a PSA test anywhere.

Under new, less stringent guidelines issued at the meeting, the AUA suggests PSA testing be discussed by men and their doctors, especially those aged 55 to 69, weighing the pros and cons of screening. The association says the best evidence of benefit from screening is among those men aged 55 to 69 screened every two to four years.

Survival of the men in the study was lower than the national average for



men with advanced prostate cancer, Reese also found. The median survival was 18 months—half of the men lived longer—and less than 10 percent lived three years past the diagnosis.

In comparison, 29 percent of men with advanced disease, overall, live at least five years after diagnosis, Reese said.

Two factors predicted better survival among the 71 men, Reese said. Men under age 60 at diagnosis and those whose PSA declined to less than 1 ng/mL after treatment did better.

"The public hospital today gives you a snapshot of what it was like before PSA screenings," Reese said.

The study results do not surprise Dr. Scott Eggener, an associate professor of surgery at the University of Chicago. "Undoubtedly, a good portion of these men could have had their lives saved by PSA screening," he said.

"If you show up with a PSA of over 100, you have incurable prostate cancer," Eggener said.

This year, the American Cancer Society expects about 239,000 new cases of <u>prostate cancer</u> to be diagnosed in the United States and more than 29,000 deaths from the disease.

For those on Medicare, an annual <u>PSA test</u> is covered.

Research presented at medical meetings should be considered preliminary until published in a peer-reviewed journal.

More information: To learn more about prostate cancer, visit the <u>American Cancer Society</u>.



Health News Copyright © 2013 HealthDay. All rights reserved.

Citation: Prostate cancer may be deadlier for the uninsured (2013, May 7) retrieved 4 May 2024 from <u>https://medicalxpress.com/news/2013-05-prostate-cancer-deadlier-uninsured.html</u>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.