

Professional recommendations against routine prostate cancer screening have little effect

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The effect of guidelines recommending that elderly men should not be routinely screened for prostate cancer "has been minimal at best," according to a new study led by researchers at Henry Ford Hospital.

The study, published as a research letter online in *JAMA Internal Medicine*, focused on the use of PSA – prostate-specific antigen – to test for prostate cancer.

"We found that the effect of the guidelines recommending against the [routine screening](#) of [elderly men](#) in particular has been minimal at best," says Jesse Sammon, D.O., a researcher at Henry Ford's Vattikuti Urology Institute and lead author of the study.

The researchers found an estimated 17 million men age 50 or older without a history of [prostate cancer](#) or prostate problems who reported undergoing PSA [screening](#).

Though credited with a significant improvement in 5-year cancer survival rates during the first decade after the FDA approved PSA testing of men without symptoms, its use for routine screening is controversial.

"The concern is that the test often provides false-positives, leading subjects who do not have a prostate malignancy to undergo treatment

they don't need and suffer such side effects as impotence and urinary incontinence," says Dr. Sammon.

Nearly three years ago, the debate led the U.S. Preventative Services Task Force to recommend against routine PSA screening in any age group.

"But in the time since, nationwide patterns of PSA screening were largely unknown," says Dr. Sammon. "We sought to examine those patterns to determine the effects of the most recent USPSTF recommendation."

The Henry Ford researchers drew their data from the 2012 Behavioral Risk Factor Surveillance System, the world's largest continuously conducted health survey.

The study group was analyzed according to age, race and/or ethnicity, education, income, residence location, insurance status, access to regular [health care](#) and marital status.

Higher rates of screening were most strongly associated with access to regular health care, followed by an income greater than \$75,000, college education, health insurance and those between the ages of 70 to 74.

The next highest rate of screening – by only a fraction of a percentage point – was in men ages 65 to 69. Those ages 50 to 54 were found to be the least likely to report PSA screening, although several professional medical organizations have previously recommended screening for that age group.

In addition, an analysis of self-reported PSA screening across the U.S. found the highest rate (59.4 percent) in Hawaii and the lowest (24.5 percent) in New Hampshire.

"Looking at rates of colorectal and [breast cancer screening](#), state-by-state and regional variability is expected," Dr. Sammon explains, "but not to the pronounced extent that we found for PSA screening."

"This was another concerning and surprising study finding. It's alarming that the prevalence of PSA screening can double from one state to the next."

The Henry Ford researchers said their findings likely reflect "both the considerable disagreement among experts and the conflicting recommendations on PSA screening."

"Taken together, these results suggest that national guidelines have had a limited effect on clinical practice among health care providers," says Dr. Sammon.

Provided by Henry Ford Health System

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