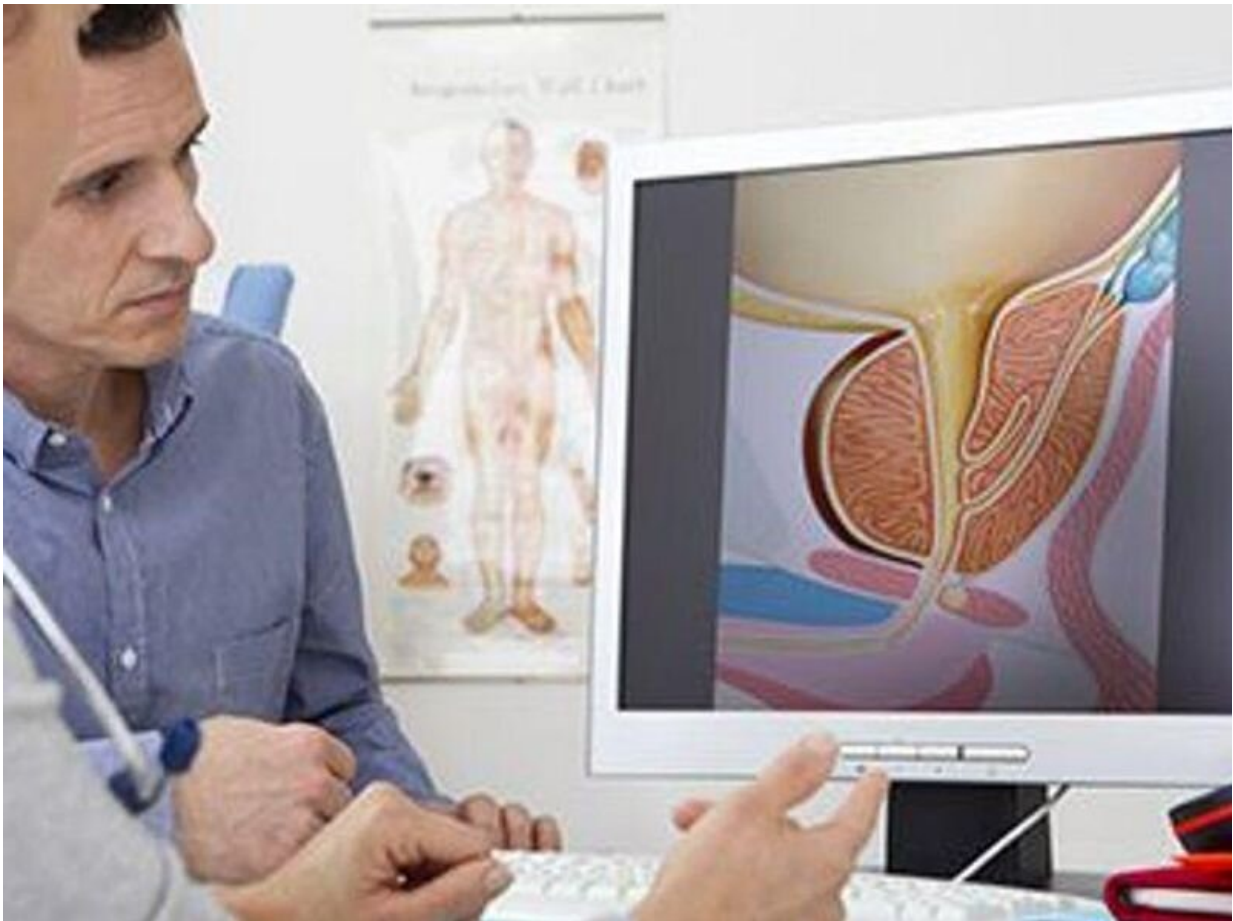


Prostate cancer screening declined following 2012 USPSTF guidance

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(HealthDay)—There were large temporal changes in screening, biopsy,

overall cancer detection, and metastatic cancer rates following the 2012 U.S. Preventive Services Task Force (USPSTF) Prostate Cancer Screening Statement, according to a study published online in the January issue of *Urology Practice*.

Brandon Horton, M.P.H., from Kaiser Permanente Northern California in Oakland, and colleagues assessed temporal changes in the race-specific rates of prostate-specific antigen screening, prostate biopsy, overall [prostate cancer](#) detection, and metastatic cancer at presentation among screen-eligible men between 2006 and 2017.

The researchers identified 422,664 to 567,660 men per biennial period (72 percent White, 8 percent Black, and 20 percent Asian). All races experienced similar declines in screening (22 to 25 percent), biopsy (47 to 57 percent), and overall cancer detection (34 to 48 percent) rates following the 2012 USPSTF statement. Further, there was an increase in metastatic cancer rates (39 to 105 percent). The absolute rate difference in [metastatic cancer](#) rates was greatest for Blacks (0.18 per 1,000 person-years) compared with Whites (0.09 per 1,000 person-years) and Asians (0.10 per 1,000 person-years), but these differences were not statistically significant.

"Of most concern from the present study is the increased vulnerability of higher-risk cohorts to adverse outcomes, such as higher metastatic rates, due to reduced screening," the authors write. "These [data](#) may inform policymakers regarding future changes to prostate cancer screening recommendations and the shared decision making process."

More information: [Abstract/Full Text](#)

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