

Researchers tie higher county-level prostate cancer screening to better outcomes

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Higher county-level prevalence of prostate-specific antigen (PSA) screening is associated with lower odds of advanced disease, all-cause mortality, and prostate cancer-specific mortality, according to a study [published](#) online June 4 in *JAMA Network Open*.

Hari S. Iyer, Sc.D., from Rutgers Cancer Institute of New Jersey in New Brunswick, and colleagues examined whether county-level prevalence of PSA [screening](#) is associated with [lower mortality](#) among men with prostate cancer (2000 through 2015). Analysis included 814,987 men (aged 40 to 99 years) with prostate cancer followed up for up to 10 years through cancer registries in eight U.S. states.

The researchers found that men in the highest versus lowest quintile of county-level PSA screening prevalence at diagnosis had lower odds of advanced versus localized stage (adjusted odds ratio [aOR], 0.86), lower all-cause mortality (adjusted hazard ratio [aHR], 0.86), and lower [prostate cancer](#)-specific mortality (aHR, 0.83).

The strongest inverse associations between PSA screening prevalence and advanced cancer were seen among men of Hispanic ethnicity (aOR, 0.82), older men (aged ≥ 70 years: aOR, 0.77), and those in the Northeast (aOR, 0.81). The strongest inverse associations with all-cause mortality were seen among men of Hispanic ethnicity (aHR, 0.82), younger versus older men (aHR, 0.81), those with advanced versus localized disease (aHR, 0.80), and those in the West (aHR, 0.89).

"Associations varied based on sociodemographic and geographic characteristics, supporting calls for tailored screening recommendations in population subgroups with a higher risk of aggressive disease," the authors write.

More information: Hari S. Iyer et al, Access to Prostate-Specific Antigen Testing and Mortality Among Men With Prostate Cancer, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2024.14582](https://doi.org/10.1001/jamanetworkopen.2024.14582)

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