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# Q & A: Prostate Cancer Screening

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### **Q: Does PSA screening save lives?**

**A:** Recent scientific studies haven't done much to answer the question whether or not screening for prostate cancer with the widely available and widely accepted PSA (prostate-specific antigen) blood test really saves lives.

The studies—one from the United States and the other from Europe—came to different conclusions about the effectiveness of the PSA test, as reported in March in *The New England Journal of Medicine*.

The U.S. study found no evidence that the PSA test saved lives. The European study, on the other hand, did say there was about a 20 percent reduction in prostate cancer deaths in men who had the PSA test. However, they also reported that to save one life, 48 men would have to be treated for the disease. Given the cost and side effects, such as impotence and incontinence, of prostate cancer treatment, it isn't yet clear whether the test actually resulted in a life-saving benefit for many men diagnosed with the disease.

So what is a man to do? Should a man age 50 or over (age 45 for African-American men and those at higher risk) get an annual digital rectal examination and PSA blood test?

The answer—sadly—is that there is no “one size fits all” answer.

Each man (and his family) needs to make the decision that is right for him. You should have a careful and complete discussion of the benefits and risks of prostate cancer screening with a health care professional you trust—one who does not have a vested interest in your answer. That would usually be the clinician you look to for your primary care.

You may be someone who wants every test done that may show some benefit in finding a cancer early. Or, you may be the kind of person who says that with such a high risk of an unpleasant outcome from the treatment with little hope of benefit, you are willing to take the chance that you are much more likely to die from something other than prostate cancer than have your life saved by getting the PSA test and subsequent treatment.

What we really need—and need soon—is a test that will help us tell the difference between which prostate cancers are really bad, and which are just something we will live with for years. Until we have such a test, the judgment as to whether or not to start an annual screening program is yours to make. There simply is no right or wrong answer for every man.

