

Response to U.S. Preventative Services Task Force Regards Prostate Screening October 2011

As a urologist working to improve the health of our community, I feel it is vitally important for me to share my concerns about the recent U.S. Preventative Services Task Force (USPSTF) prostate cancer screening recommendation. The conclusions of this task force are based on a flawed analysis. For example, the review excludes an extremely important level 1 body of data, the ERSPC (European Randomized Study of Screening for Prostate Cancer) 2009 trial that showed a decrease in metastatic disease by 53% and a decrease in mortality by 31%. The actions of the USPSTF have the potential to severely undermine the great progress we have made in the diagnosis and treatment of prostate cancer. With prostate cancer being the second leading cause of cancer death in men, it is unimaginable to consider a return to the era where men are presented with late stage and incurable prostate cancer.

The prostate-specific antigen (PSA) test is the best current indicator of prostate gland abnormalities. While the test is imperfect and until a better tool is developed, our patients must have access to this test. The PSA test empowers patients and physicians by detecting prostate irregularities, including cancer, at an early stage, thereby positively contributing to our campaign to reduce the number of deaths attributed to this cancer.

Many have argued that elevated PSA and eventual prostate cancer diagnosis leads to undo harm and overtreatment. This is simply a misrepresentation of today's knowledge and management of prostate cancer. Significant studies of prostate cancer behavior and survivability inform joint decision-making between the patient and physician in achieving best outcomes and quality of life. Active surveillance protocols are now common for men with an elevated, but stable, PSA-level. Furthermore, refinements in radiotherapy and surgical treatments have decreased side effects associated with curative treatment.

Let us not withhold a test that contributes to early detection of prostate cancer and reduced incidence of related mortality. Let us not recommend against men taking an active role in their health. Let us not return to a time when men suffered and families were left to grieve upon the early demise of a father, brother or son. Let us move forward promoting good health, individualized decision-making and patient-centered care.

The USPSTF must be made aware that rejection of prostate cancer screening and the PSA test is not acceptable to our community. Please visit the AACU PSA Test Action Center to submit USPSTF comments before November 8, 2011, as well as transmit letters to Congress and the media at any time. Please send correspondence to Dr. Robert Cosby, c/o USPSTF, 540 Gaither Rd. Rockville MD 20850 or check the website at www.tinyurl.com/AACU-PSA. Thank you for your engagement in this critical campaign.

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