

PSA Screening Rate Drops After Major Trial Results Released

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SAN FRANCISCO, California — The number of men receiving prostate cancer screening has sharply declined since the publication of a major trial showing no improvement of mortality rates from screening with the prostate-specific antigen (PSA) test. The reasons for screening have also shifted, according to research presented here at the American Public Health Association (APHA) 140th Annual Meeting.

Researchers evaluated data gathered from participants who received prostate cancer screenings at 41 cancer screening sites across the country as part of Prostate Cancer Awareness Week campaigns in 2008 and 2011.

The years of evaluation were chosen because they represent key years before and after the publication of the highly publicized US Prostate, Lung, Colorectal, and Ovarian (PLCO) Cancer Screening Trial, which [found no statistically significant effect](#) of PSA-based screening on prostate cancer mortality after 10 years.

For the study, the researchers analyzed data on social and health-related issues obtained in self-reported questionnaires given at the screenings.

The findings showed a decline in screenings from just over 8000 in 2008 to just over 6000 in 2011, which was a bit of a surprise, said lead author Wendy L. Poage, MHA, of the Prostate Conditions Education Council, which is an educational nonprofit organization in Centennial, Colorado.

"Our findings did indicate a reduction in participation in screening, which we expected," she said. "However, we were surprised by the magnitude of this, as it is a 25% reduction in participation between 2008 and 2011 in this longitudinal study group."

The data showed no significant differences in age groups of men receiving screenings. The rates of men between the ages of 25 and 40 years were 1.62% in 2008 and 1.5% in 2011; the rates for men aged 41 to 55 years were 26.4% in 2008 and 25.3% in 2011; for men aged 56 to 70 years, 52% in 2008 vs 51.8% in 2011; and for men aged 71 years and older, 19.9% in 2008 vs 21.1% in 2011.

"We didn't find any real difference in terms of who participated in 2008 and 2011 based on age, so it was pretty consistent between the 2 years, and that's good," Poage said.

"We would like to see an increase in the number of 41- to 55-year-olds receiving screening," she added. "I think that age group is where we can do the most good."

Reasons for Screening Shifting

The data also showed some interesting shifts in the reasons the men stated for receiving the screenings. In 2008, for instance, 7.8% of respondents said they received the screening because they believed they were at high risk, compared with just 3.2% in 2011.

Other notable changes included the percentage of participants who said they were receiving the screening because they were being health conscious, dropping from 24.7% to 11.6% in 2011; because they were interested in overall men's health, dropping from 27% to 11.4%; and because they wanted to be certain they did not have prostate cancer, dropping from 41.1% to 18.2%.

The percentage of men getting screenings due to a family history of prostate cancer, however, notably increased, from 8.4% to 17.9%.

"There was a significant drop in those participating just because they were generally health conscious, and a very significant drop of almost 20% for men just visiting for their concerns for prostate cancer," Poage said.

"But the only good statistic that we were a little excited to see was family history. That rate doubled, which means men understand that there are significant risk factors across racial barriers for prostate cancer."

Poage noted that the PLCO study is regarded by many as being essentially flawed. "I think it's partly due to investigator design. The current thinking is that trial has more than 50% contamination in the control arm. It was a dual-arm study, with a screening arm and control arm, and the people in the control arm had actually gone through the screening, so it skewed the data."

Despite the release of the equally high-profile European Randomized Study of Screening for Prostate Cancer (ERSPC), which countered the findings and showed benefits from prostate screening, the US Preventive Services Task Force (USPSTF) moved ahead in 2012 with [recommendations against screening](#), based largely on the PLCO study.

Poage noted that many in the field also [dispute that recommendation](#). "Our issues with that are that the USPSTF probably used inappropriate data, they did not really account for high-risk men, and they don't have any experts on the panel."

She emphasized that early detection along with improved treatments are among the main reasons that there are more than 2 million men living with prostate cancer as a chronic disease, and that nearly 30,000 men will die from prostate cancer this year needlessly, because the cancer is nearly 100% survivable if caught in its earliest stages.

Ongoing Effects of Recommendations

The impact from the recent recommendations against screening is evidenced in the decline seen in the Prostate Cancer Awareness Week data, and will likely be seen for years to come, however, Poage said.

"We know already from the last 6 months since the most recent (USPSTF) guideline change that there has been a decrease in referrals for prostate cancer from primary care physicians," she said.

"So not only has this information impacted the public, it really has impacted how medicine is being practiced from the primary care physicians, and we certainly have a lot of work to do."

"In order to save the lives of men who will die from prostate cancer and prevent a rise in this death rate [those who don't have indolent disease], we still need to screen for prostate cancer, but need to do a

better job of targeting the men we treat with invasive treatments," she added. "Certainly we know that all men who are diagnosed don't need treatment."

Ana Fadich, MPH, vice-president of Programs and Health Promotion for the Men's Health Network, in Washington, DC, said that the shifting patterns in prostate screening underscore the need to educate the public on the issues surrounding prostate cancer screening.

"We are concerned about the lack of knowledge and availability of information on testing for prostate cancer," said Fadich, who organized the APHA session on prostate cancer screening.

"We already know men are less likely to go see a healthcare provider than their female counterparts, [and] the current USPSTF recommendation against PSA screening leaves men confused," she said.

"This highlights the importance of patient organizations, such as ours and other prostate health groups, who provide education and information and encourage men to talk to their healthcare providers about their options."

The debate over PSA screening at least puts a much-needed spotlight on the issue, Fadich added.

"On the upside, I feel as though the buzz around the recommendations against PSA screening has caused the issue to come to the forefront of men's health discussions."

"The controversy has in some ways been a good thing because it has made men aware of prostate health and encouraged them to ask questions of their healthcare providers," she said.

Poage reports that she has received research funding from the University of Colorado; she is a consultant for Beckman Coulter, Dendreon, and GenProbe; and she is the owner of 3D Biopsy. Fadich has disclosed no relevant financial relationships.

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