

US government panel calls for halt to prostate cancer screening

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On Monday, a US government panel recommended against screening apparently healthy men for prostate cancer with the PSA blood test. The claim is that the risks of the test outweigh its benefits for men in all age groups.

The U.S. Preventive Services Task Force (USPSTF) had previously recommended an end to screening for men 75 and older. Monday's announcement follows an initial recommendation by the panel last October against the screenings for all ages, which was followed by a public comment period.

As the WSWS wrote at the time of the initial recommendation, "By calling for a halt to screenings, the panel is recommending an end to a serious search for the second most lethal cancer in adult males in the US, second only to lung malignancies." (See "US government panel recommends an end to prostate cancer screening")

Recommendations of the 16-member USPSTF, which serves under the Department of Health and Human Services in an advisory capacity, have a direct impact on what services and testing will be paid for by Medicare and private insurers. Under the Obama-backed health care bill, health plans are only required to cover preventative services rated "A" or "B." The PSA screening test has been issued a "D" grade.

While the panel's summary for patients states that "the USPSTF realized that some men may continue requesting the PSA test and some physicians may continue offering it," the implications of the new advisory are that cancers will go undetected and untreated, resulting in preventable deaths.

By the panel's own admission, one of the two studies used as the basis of their recommendation showed that of every 1,000 men receiving the PSA test, one life

could possibly be saved, a not insignificant statistical finding. They conclude, however, that "screening may benefit a small number of men but will result in harm to many others."

According to the Task Force, "Good evidence shows that *PSA-based screening can cause harms*, including pain and complications from prostate biopsy and worry about test results," and that "*screening puts men at risk for unnecessary worry and adverse effects of treatment with surgery, hormones, or radiation therapy*" (emphasis added). They add, "The side effects of prostate cancer treatments include sexual dysfunction, bowel and bladder incontinence, and even death."

Plainly stated, these are sweepingly false statements that equate the *test itself* with the potential outcomes of subsequent treatment. The screening—a simple blood test that measures prostate-specific antigen (PSA) levels—poses no risk to the patient. What is done on the basis of the test results should be the subject of careful research and consideration within the medical community and discussion between the patient and his doctor. Instead, the government panel has issued a blanket recommendation that no one should get the test.

Some urologists and other medical professionals recommend changing the schedule for testing. One model would test all men beginning at age 40. Those with a higher baseline could be tested more often and others could delay the testing to every five to ten years. PSA tests could be evaluated according to a man's age group, which is not generally done at present.

In a statement published in the *Annals of Internal Medicine*, a group of nine doctors describing themselves as "an ad hoc group that includes nationally recognized experts in the surgical and radiological treatment of prostate cancer, oncologists, preventative medicine specialists, and primary care physicians"

strongly disagree with the USPSTF's recommendation, writing that the panel "has underestimated the benefits and overestimated the harms of prostate cancer screening."

The doctors group argues that the Task Force either "overlooked or misinterpreted the effect of significant methodological flaws in the 2 major clinical trials of screening." They point to the panel's interpretation of one finding of the European Randomized Study of Screening for Prostate Cancer (ERSPC), which followed men aged 55 to 69 and showed a 21 percent reduction in prostate cancer deaths compared to a control group.

The doctors also note that while the Task Force acknowledges that "other trials of surgery and radiation therapy [show] an approximate 35 percent decrease in mortality," the panel concludes that urinary incontinence, erectile dysfunction and other side effects "must be considered, in addition to the mortality benefits of treatment." While this is asserted by the panel, there is no consideration given to how many lives have been saved among men who suffered these side effects.

According to the American Cancer Society's estimates, 241,740 men in the US will be diagnosed this year with prostate cancer at an average age of 67. More than 28,170 will die from it. African-American men contract the disease substantially more often than white men and die at over the twice the rate.

While the Task Force speaks of the needless "harm" resulting from the PSA screenings, the panel disregards the fact that in the three decades since its introduction the test has led to earlier detection of prostate cancer. This has prevented thousands of men from presenting at an advanced state of the disease, which can be accompanied by extreme pain from massive prostate tumors and spread of the disease to bones in the pelvis, back, ribs and legs.

But these are not the considerations of the USPSTF in making its recommendation that the PSA tests be halted. In line with Obama administration's "reform" of the health care system, the mantra is repeated that people are being needlessly "overtested" and that eliminating testing will result in better health outcomes. The real motivation is the drive to slash costs for employers and the government, resulting in a drastic reduction in care for the vast majority of Americans.



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