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Medical field has prostate anxiety

As cancer screening grows, doctors and advocates debate its need, and its potential for dire consequences

By **Judy Peres**

Tribune staff reporter

Published September 29, 2005

When the 39-foot screening van pulls into a shopping mall near you, proclaiming its "Drive Against Prostate Cancer," the theme is



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familiar: Get tested; it could save your life.

The Airstream Land Yacht XL, skippered by the National Prostate Cancer Coalition, criss-crosses the country, offering free screening tests to about 10,000 men each year.

It's part of a campaign that has supporters wearing blue "Do It for Dad" wristbands to raise awareness of a disease that hits 232,000 U.S. men a year and kills 30,000.

Like groups that have persuaded millions of women to get mammograms in hopes of finding breast cancer before it can be felt, prostate cancer organizations focus on the importance of screening tests: a blood test for PSA, or prostate-specific antigen, usually coupled with a physical examination of the prostate gland.

But unlike mammography, which has been proved in clinical trials to trim deaths from breast cancer, critics say there's no solid evidence PSA screening saves lives.

Until that evidence is in, the skeptics say, men should weigh the uncertain benefit of screening against the potential costs down the line--including impotence and incontinence.

"It's wrong to be persuading men to be tested, since we don't know that the benefits [of screening] outweigh the harms," said Dr. Lisa Schwartz of Dartmouth Medical School.

Advocates of screening say detecting prostate cancer before there are symptoms allows it to be treated more successfully. They suggest most men start annual screening at age 50. They also point out that deaths from the disease have dropped considerably since the test became widely used.

But no one knows whether the improvement in mortality is because of earlier detection or because of better treatments.

Insufficient evidence

According to the National Cancer Institute, prostate cancer screening detects some cancers that would never have become life-threatening and thus leads to unnecessary treatment.

Current treatments, including surgical removal of the prostate gland and radiation, result in permanent side effects in many men, such as erectile dysfunction and urinary incontinence.

In addition, the test is not always accurate.

Most men with elevated PSA scores don't have prostate cancer, but they have to undergo invasive and expensive tests to rule it out. Meanwhile, up to 30 percent of men who have prostate cancer have normal PSA scores.

Schwartz and her colleague, Dr. Steven Woloshin, who specialize in communicating medical risk, stressed that they're not opposed to PSA testing in principle.

"We're not saying don't have it," said Schwartz. "We're saying you have the right to all the information before you make a decision that's right for you. This is not just a simple blood test. It has very important consequences."

The National Cancer Institute says there's insufficient evidence to recommend either for or against prostate cancer screening.

Even the American Cancer Society, a strong supporter of early detection, doesn't say men over 50 should be screened.

The society says doctors should "offer" a PSA test and a rectal exam annually to their over-50 patients and discuss the potential benefits and risks.

Not approved for screening

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The U.S. Food and Drug Administration never approved the PSA test for screening, though it has been used that way for two decades. Screening tests are given to individuals with no sign of disease, as opposed to diagnostic tests for patients with symptoms.

Experts say tests used for screening should have a better risk-benefit ratio than diagnostic tests, since they are administered to large numbers of healthy people.

According to Dr. Otis Brawley, a cancer expert at Emory University, the manufacturers of PSA tests cannot market or promote the test for mass screening.

"But if they give money to survivors' organizations, the survivors don't have to respect that," Brawley said. "Some of those guys have become paid advocates for companies to do what the companies are not allowed to do."

Both the National Prostate Cancer Coalition and Us TOO International, another major support and advocacy group, get most of their funds from corporate donors that include Abbott Laboratories and Bayer Diagnostics, which make PSA tests.

Schwartz and Woloshin also find this connection worrisome.

"If I profit from what you do, I only have an incentive for you to get screened," said Schwartz.

The advocacy groups deny any conflict of interest.

"We don't endorse any products and we work with multiple drug companies, so we're not under the influence of any partner for our direction," said Thomas Kirk, president of Us TOO.

The groups seem to be making a difference.

Jamie Bearse, spokesman for the coalition, said 27 states now have laws requiring that insurance reimburse for prostate cancer screening tests.

When State Rep. Sandra Pihos (R-Glen Ellyn) tried to create an Ovarian Cancer Awareness Month in Illinois earlier this year, male colleagues demanded equal treatment.

The General Assembly subsequently passed a resolution declaring September as Ovarian and Prostate Cancer Awareness Month.

Bearse credits the work of groups like his for these developments, as well as for increased federal funding for research but says much more needs to be done.

"Less than half of all at-risk men actually get screened," he said.

Advocates believe the benefit of PSA tests will become more apparent if more men get them regularly.

Bearse and Kirk also point with pride to the fact that the vast majority of prostate cancer patients now are diagnosed at an early stage, and 99 percent of men whose disease was caught early are alive five years later.

Extensive research under way

But Dr. Barnett Kramer of the National Institutes of Health says that doesn't necessarily mean screening works.

Finding all those extra cancers is meaningful only if it results in fewer deaths from the disease. Otherwise, he said, you're identifying and treating cancers that didn't need to be treated at all.

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The only way to tell for sure whether prostate cancer screening prevents deaths from the disease is to conduct a controlled experiment with thousands of men in which half are randomly assigned to be screened and the other half undergo a placebo procedure.

Following those men for a number of years would reveal whether there are fewer deaths from prostate cancer in the screened group.

Such trials are now going on, Kramer said, and results should be known in a few years.

In the meantime, doctors tend to recommend PSA testing with varying degrees of enthusiasm based on their personal preferences.

"I tell all my male patients starting at age 40 they should get a PSA because I believe in it," said Dr. Robert Nadler, associate professor of urology at Northwestern University. "Anybody you think is going to live 10 more years should get a PSA test."

Case by case basis

Dr. David Meltzer, associate professor of medicine at the University of Chicago, said his message to patients is that "it's a complicated personal decision."

Meltzer said it's "quite plausible"--though not yet proven--that men might live longer if they were screened. But "screening and treatment have consequences, like impotence and incontinence and the discomfort of surgery."

So Meltzer suggests patients ask themselves what they would do if the test came back positive and they were subsequently diagnosed with cancer. If they would choose not to undergo treatment--as about one-third of men do--then having the test might just cause them unnecessary anxiety.

"It's a set of decisions that requires a lot of discussion between doctor and patient," Meltzer said. "These tests can be very valuable for the right men, and they can be harmful for the wrong men. The only way to know who's who is to talk to them."

Scientists are working to improve and refine prostate cancer screening. Many doctors now believe changes in PSA levels over time may be a more useful indicator than a single PSA score.

Jacqueline Strax, who runs a prostate cancer support and information Web site called PSA-Rising.com, says the PSA test is not perfect, "but right now there's nothing better."

Strax believes the mobile screening van provides a valuable service, perhaps especially so for African-American men, who have a higher risk of getting prostate cancer but are less likely to get good medical care.

"Early detection allows men choices and control over the course of their disease," said Strax, whose husband died of prostate cancer. "Refusing to face the problem can make things worse later."

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