

Men Should Not Give Up on PSA Prostate Cancer Screening, Just Yet

Urologists argue that men should not be swayed from getting the test - it still saves lives

May 13, 2009 - What's a guy to do? While prostate specific antigen (PSA) testing has been the standard screening tool for prostate cancer for several decades, results of a study recently published in *The New England Journal of Medicine* question the effectiveness of PSA screening in reducing death from prostate cancer. But many urologists argue that men should not be swayed from getting the test - it still saves lives.

Matthew Shuford, M.D., urologist on the medical staff at Baylor University Medical Center at Dallas, sees no reason to give up the PSA screening in light of the recent findings.

"Prostate cancer is the most common cancer in men and the second leading cause of cancer death in men," says Dr. Shuford. "Keep in mind that it is only curable when caught early; it can only be caught early by screening; and the screening is a simple blood test that is cheap and easy."

Approximately 90 percent of all prostate cancers are currently diagnosed at an early stage, according to the National Cancer Institute.

"Early diagnosis greatly increases a man's chances of successful treatment," adds Dr. Shuford.

Prostate cancer screening includes a digital rectal exam (DRE) and a simple PSA blood test. The American Cancer Society recommends men talk with their physician about a regular screening plan.

While some men might complain that the DRE screening is too uncomfortable and some researchers might suggest that the PSA test is not necessary, Dr. Shuford is quick to compare the screening to other cancer screening tests.

“Colon cancer screening, for example, is a more expensive and a more invasive procedure than prostate cancer screening, involving the increased complications of anesthesia with the added discomfort of a bowel prep,” he said. “This is accepted despite the fact that the vast majority of people will have no abnormality found and even fewer will have colon cancer.”

“What if a blood test existed for colon cancer,” asks Dr. Shuford.

“I can’t think of anyone who would say no to a blood test that may let them avoid a colonoscopy,” he said. “This is what the PSA test does for prostate cancer.”

About Information Source

Rudy Giuliani, former New York City mayor and presidential candidate, who was successfully treated for the disease in 2000, will be featured at a program called EveryMan hosted by the Baylor Health Care System Foundation on May 13, 2009. Giuliani's father died of prostate cancer in 1981. The fund-raising event for prostate cancer research will be at the Ritz Carlton in Dallas. For tickets and information e-mail BaylorEvents@BaylorHealth.edu with EveryMan in the subject line or call 214-820-2681.

For more information about Baylor University Medical Center at Dallas, visit www.BaylorHealth.com or call 1-800-4BAYLOR.

What is the prostate-specific antigen (PSA) test?

Prostate-specific antigen (PSA) is a protein produced by cells of the prostate gland. The PSA test measures the level of PSA in the blood. The doctor takes a blood sample, and the amount of PSA is measured in a laboratory. Because PSA is produced by the body and can be used to detect disease, it is sometimes called a biological marker or a tumor marker.

It is normal for men to have a low level of PSA in their blood; however, prostate cancer or benign (not cancerous) conditions can increase a man's PSA level. As men age, both benign prostate conditions and prostate cancer become more common. The most frequent benign prostate conditions are prostatitis (inflammation of the prostate) and benign prostatic hyperplasia (BPH) (enlargement of the prostate). There is no evidence that prostatitis or BPH causes cancer, but it is possible for a man to have one or both of these conditions and to develop prostate cancer as well.

A man's PSA level alone does not give doctors enough information to distinguish between benign prostate conditions and cancer. However, the doctor will take the result of the PSA test into account when deciding whether to check further for signs of prostate cancer.

Prostate Cancer

The prostate is the gland below a man's bladder that produces fluid for semen. Prostate cancer is the third most common cause of death from cancer in men of all ages. It is rare in men younger than 40.

Levels of a substance called prostate specific antigen (PSA) is often high in men with prostate cancer. However, PSA can also be high with other prostate conditions. Since the PSA test became common, most prostate cancers are found before they cause symptoms. Symptoms of prostate cancer may include

>> Problems passing urine, such as pain, difficulty starting or stopping the stream, or dribbling

>> Low back pain

>> Pain with ejaculation

Prostate cancer treatment often depends on the stage of the cancer. How fast the cancer grows and how different it is from surrounding tissue helps determine the

stage. Treatment may include surgery, radiation therapy, chemotherapy or control of hormones that affect the cancer.

Why is the PSA test performed?

The U.S. Food and Drug Administration (FDA) has approved the use of the PSA test along with a digital rectal exam (DRE) to help detect prostate cancer in men 50 years of age or older. During a DRE, a doctor inserts a gloved finger into the rectum and feels the prostate gland through the rectal wall to check for bumps or abnormal areas.

Doctors often use the PSA test and DRE as prostate cancer screening tests; together, these tests can help doctors detect prostate cancer in men who have no symptoms of the disease.

The FDA has also approved the use of the PSA test to monitor patients who have a history of prostate cancer to see if the cancer has recurred (come back). If a man's PSA level begins to rise, it may be the first sign of recurrence.

Such a "biochemical relapse" typically precedes clinical signs and symptoms of a relapse by months or years. However, a single elevated PSA measurement in a patient with a history of prostate cancer does not always mean the cancer has come back.

A man who has been treated for prostate cancer should discuss an elevated PSA level with his doctor. The doctor may recommend repeating the PSA test or performing other tests to check for evidence of a recurrence. The doctor may look for a trend of rising PSA measurements over time rather than a single elevated PSA level.

It is important to note that a man who is receiving hormone therapy for prostate cancer may have a low PSA level during, or immediately after, treatment. T

he low level may not be a true measure of the man's PSA level. Men receiving hormone therapy should talk with their doctor, who may advise them to wait a few months after hormone treatment before having a PSA test.

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