PSA screening isn’t “nonsense”—it saved my life

I read Dr. Susman’s editorial on PSA screening (J Fam Pract. 2011;60:319) with great personal interest. I am 43 years old; I have no family history of prostate cancer and had no symptoms. Yet my Gleason 7 prostate cancer was found by a PSA test. You can argue that statistically, it would be better that I be allowed to die so that 722 others could be spared the stress of testing, some subset of those could be spared a biopsy, and some still smaller subset could be spared overtreatment. But my PSA test wasn’t “screening nonsense,” as Dr. Susman laments. It was ordered by a wise and caring physician and it saved my life.

Go ahead and take a position based on statistics. But please don’t dismiss the judgment of other knowledgeable professionals as “nonsense.”

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We narrowed the differential with the “Haagen-Dazs test”

It was a Saturday night when I called my parents, both of whom are doctors, to report the intermittent epigastric pain I’d had throughout the day. Since starting medical school a few months earlier, I had a penchant for self-diagnosing ailments that just happened to coincide with the topic of the week. I thus felt certain it was stomach cancer. Yet I was still surprised when my parents said they’d stop by—an offer they never made when I thought I had Ehlers-Danlos or Marfan syndrome.

A quick physical exam left them debating whether I had a peptic ulcer (Mom) or cholecystitis (Dad). I sided with my mom, having just learned that my description fit only 2 of the “4 Fs” and not yet knowing anything about ulcers. When I noted that an ultrasound would have to wait until after an exam early next week, Dad handed me a pint of Haagen-Dazs from the freezer. I happily indulged while he explained that the ice cream would either soothe my ulcerated stomach lining or further aggravate my gallbladder. A half-pint (and a half-hour) later, my parents headed home.

I awoke at 5:30 AM with a horrendous pain in the right upper quadrant. I called home and managed to communicate that I was headed to the emergency department, where I underwent the very imaging studies I’d hoped to avoid. After a normal ultrasound, an unremarkable computed tomography (CT), and a good bit of Dilaudid, I was admitted for observation.

On Monday, I was sent for a hepatobiliary iminodiacetic acid (HIDA) scan. A few hours later I felt the same excruciating pain that had brought me to the hospital, and was told that my ejection fraction was 23%. On Tuesday, I was in the operating room having my inflamed and sludge-filled gall bladder excised.

One lesson to take away from this anecdote is that it may be worth exploring low-cost, low-tech means of investigating illness. Although Dad’s affectionately named “Haagen-Dazs test” did not yield a definitive diagnosis, it certainly helped to narrow the differential. In view of the increasing pressure on physicians to curb health care costs and respond to patient complaints about de-personalized treatment, low-tech, low-cost measures are a win for everyone. After all, what patient wouldn’t love being told to eat dessert first?

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