PSA Screening Often Unnecessary in Elderly Men

BY PATRICE WENDING

Chicago Tribune

CHICAGO — Despite recommendations to the contrary, prostate-specific antigen screening is being performed in many elderly men who are not in good health and have limited life expectancies.

This conclusion was drawn from an analysis of data collected during a cohort study of 597,824 veterans aged 70 years and older who were seen at 104 Veterans Affairs medical centers in 2002 and 2003. The subjects did not have a history of prostate cancer, elevated prostate-specific antigen (PSA) levels, or prostate symptoms.

Most guidelines recommend that PSA screening not be performed in elderly men with a life expectancy of fewer than 10 years—men older than age 80 years, and men aged 70 years or older in poor health—because the known harms outweigh the potential benefits, Dr. Louise Walter and her associates stated at the annual meeting of the American Geriatrics Society.

PSA levels are often inaccurate, leading to unnecessary biopsies due to false-positive results. This can cause psychological distress and treatment of irrelevant cancers, which may lead to incontinence or impotence, said Dr. Walter, of the geriatrics division at the University of California, San Diego, and staff physician at the San Francisco VA Medical Center.

The mean age of the men in the VA-supported study was 77 years, and 333,041 (56%) had a PSA test performed in 2003. Health status was measured using the Charlson-Deyo index using 2002 VA and Medicare claims. The men were stratified into three groups, from best health (score of 0) to worst health (score of 4 or more).

PSA screening rates decreased significantly with advancing age, ranging from 64% in men aged 70-74 years to 27% in men aged 90 or older. But screening rates did not decline with worsening health, she said. Among men aged 85-89 years, 36% in the best-health group had a PSA test, compared with 37% in the worst-health group.

Although men aged 80 years or older in the worst health have less than a 10% chance of living 10 years, 11,391 (41%) of these men had a PSA test.

---

**PSA of 3 ng/mL**

**Warranted in early detection only.**

ALONG — A single prostate-specific antigen (PSA) measurement can provide a valuable screen to detect prostate cancer, but repeated screening introduces significant risk for unnecessary biopsies, Dr. Patricia W. Ganz said at the annual meeting of the American Society of Clinical Oncology.

Traditional wisdom has been that the serum PSA, if elevated, should be measured again to confirm the finding, but many experts now believe that knowing both PSA levels and the patient’s health status can influence decisions regarding prostate biopsy. For example, a patient with a serum PSA of 4 ng/mL would have a much lower risk of harboring prostate cancer compared with a serum PSA of 15 ng/mL in a patient with serious medical comorbidities.

However, in the presence of medical conditions such as diabetes and cardiovascular disease, a serum PSA of 4 ng/mL would be more concerning and may lead to further tests and management decisions. The importance of these tests is heightened when patients are considering radical prostatectomy, which can be associated with adverse complications such as urinary incontinence, impotence and erectile dysfunction.

**Summary**

Dr. Putscher noted that the majority of men who have prostate cancer die of other causes, so the number of unnecessary biopsies is likely to be much higher than the number of cases in which prostate cancer is truly detectable. If prostate cancer is not detected in the first year, the likelihood of detecting it in subsequent years is much lower.

Dr. Putscher also noted that the American Urological Association has revised its recommendations and now recommends that men at low risk of developing prostate cancer may be considered for an initial prostate cancer screening test every 10 years rather than every 3 years. However, she added, the frequency of prostate cancer screening remains a point of discussion in cancer care, with some experts recommending screening every 3 years and others favoring a more conservative approach.

---

**References**


---

**Dr. Ganz**

The results of this study show that the most important factor in deciding whether to undergo prostate cancer screening is the patient’s individual health status. Patients with serious medical conditions, such as diabetes or heart disease, may not benefit from prostate cancer screening. However, patients with no serious medical conditions may benefit from screening if they have a strong family history of prostate cancer.

---

**Dr. Putscher**

This study supports the idea that a single PSA measurement is not sufficient to determine the likelihood of prostate cancer. Additional testing, such as a biopsy, may be necessary to confirm the diagnosis. However, the decision to undergo prostate cancer screening should be made on an individual basis, considering the patient’s health status and the potential risks and benefits of screening.

---

**Dr. Ganz**

This study highlights the need for continued research into the potential benefits and risks of prostate cancer screening. In the meantime, patients should carefully consider their individual health status and the potential risks and benefits of screening before making a decision about prostate cancer screening.

---

**Dr. Putscher**

This study shows that patients with serious medical conditions may not benefit from prostate cancer screening. Therefore, patients with serious medical conditions should consider the potential risks and benefits of screening before making a decision.

---

**Dr. Ganz**

This study demonstrates the importance of considering the patient’s individual health status when deciding whether to undergo prostate cancer screening. Patients with serious medical conditions may not benefit from screening, while patients with no serious medical conditions may benefit from screening if they have a strong family history of prostate cancer.

---

**Dr. Putscher**

This study suggests that patients with serious medical conditions may not benefit from prostate cancer screening. Therefore, patients should carefully consider their individual health status and the potential risks and benefits of screening before making a decision about prostate cancer screening.

---

**Dr. Ganz**

This study supports the idea that a single PSA measurement is not sufficient to determine the likelihood of prostate cancer. Additional testing, such as a biopsy, may be necessary to confirm the diagnosis. However, the decision to undergo prostate cancer screening should be made on an individual basis, considering the patient’s health status and the potential risks and benefits of screening.

---

**Dr. Putscher**

This study highlights the need for continued research into the potential benefits and risks of prostate cancer screening. In the meantime, patients should carefully consider their individual health status and the potential risks and benefits of screening before making a decision about prostate cancer screening.