2 men turn 60. Who got the better deal?
One man decides to get screened for prostate cancer. He tests positive and has a biopsy and surgery. He suffers side effects - pain, incontinence, impotence. He is cancer-free until he is 67, at which point the cancer returns and he dies

By Betsy Q. Cliff / The Bulletin
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Richard Ablin has never had a prostate-specific antigen screening, often called a PSA test, to look for prostate cancer.

He's 71, well within the age range of older men for whom the test is often recommended. But here's the most surprising thing about his failure to be screened: He was one of the first to discover PSA.

Ablin, a professor of immunobiology at the University of Arizona, has come out publicly against the test he helped create.

He and a growing chorus of other experts contend the test is not good at finding prostate cancer.

Men with high levels of PSA are typically flagged for follow-up, but more often than not, no cancer is found. Experts say thousands of men are being exposed to needless worry, expense and a battery of tests they don't need because of the results of PSA tests.

Still, insurance companies and Medicare pay for the test each year, typically without any co-pays or deductibles, and about a quarter of men older than 40 undergo routine prostate screening. The question is whether they should.

"The science has never really been strongly supportive of it, but over time it's become the standard of care," said Dr. Sean Rogers, an internal medicine physician at Bend Memorial Clinic. "I think there's no question it's overused."

The prostate antigen

Ablin was doing research with a group of urologists in the early 1970s, he said, looking for markers that would
indicate the presence of prostate cancer. That's when he found PSA, a protein that's made only in the prostate.

At the time, he said, he was looking for a substance that was specific to cancerous prostates. "I never pursued PSA," he said, because it "wasn't what I wanted and wasn't able to do what I needed it to do," which was to detect cancer.

But other researchers picked up on his work, he said, and later linked rises in PSA levels to the presence of cancer. In 1986, the Food and Drug Administration approved a test that would use PSA to detect the recurrence of cancer in men who had been treated.

Eight years later, the agency approved the PSA test to screen for cancer in healthy men.

Even at the time, there was controversy about how the test should be used, according to news reports. The agency did not recommend that all men be screened, because data showed that about two-thirds of men with a positive result would not have cancer. Compounding the problem, some men who had a normal PSA test did have cancer.

The FDA was careful to point out that the PSA test was only useful in conjunction with other detection methods, such as a physical exam.

But the FDA did note that the PSA test represented an improvement over existing screening methods for prostate cancer.

That itself was a big deal because of the huge numbers of men diagnosed with prostate cancer. More than 200,000 new cases are found each year, making it one of the most common cancers.

In part thanks to early detection made possible by the PSA test, it is also now one of the most treatable. When caught early, it has a survival rate of close to 100 percent.

"I think it's a great test," said Dr. Brian O'Hollaren, a Bend urologist. "I've seen it save so many lives."

False positives

Craig Walker, athletic director and football coach at Bend High School, is one of those lives.

He began getting his PSA tested in his 40s, he said, and in 2005 at age 49 had a slightly elevated PSA. A biopsy showed a spot of cancer, later diagnosed as a moderately aggressive form of the disease.

Walker underwent surgery and had his prostate removed.

Walker said his physician, O'Hollaren, told him that without the screening and treatment, "you would have been really sick in five years and you wouldn't have made it."

He's now a huge proponent of the screening. He's organizing a football game this fall that will raise awareness of prostate cancer and screening for it.
“I’m pretty lucky,” he said.

But for every Craig Walker there are men like Prineville resident David Kaneaster, a 71-year-old retired military veteran who also had an elevated PSA level. In fact, his PSA was twice as high as Walker's.

Two biopsies turned up nothing, he said. He had only mild side effects, including anxiety about his condition and pain. His insurance covered the cost of each one, which Kaneaster estimated at about $1,200 each.

Kaneaster said he was happy to have had his PSA tested, to have the reassurance that nothing was wrong. He also said the mild side effects of the biopsy were worth it to know his prostate was healthy.

Kaneaster's biopsy went well. But it is not a risk-free procedure. One out of every 100 men biopsied will end up in the hospital with an infection. Severe bleeding can occur, and some men have difficulty urinating after the procedure.

It can also cost a bundle.

Last year, Medicare spent about $42 million on PSA tests, and much more when the cost of follow-up tests or treatment is factored in.

The total cost of PSA testing and treatment for prostate cancer has been estimated in the billions of dollars per year.

Because the disease is typically not deadly and there are so many false positives, there are typically many more negative biopsies than ones that detect a cancer that needs treatment. In other words, Kaneaster's situation is much more common than Walker's.

Rogers said he's seen that situation many times. “It's very frustrating. They have a slightly elevated PSA, then the biopsy is negative, then they repeat the testing, then their PSA is elevated. They are stuck in a loop. I've had patients go for biopsies three, four, five times. ~ It's an unpleasant situation for everyone."

O'Hollaren cited one estimate that more than 400 men would have to be biopsied at the cost of $121,000 to save just one life. Other estimates are even higher.

“Too many patients are subject to biopsy,” said O'Hollaren. “The problem that the medical community has been trying to tackle is how to pinpoint the patients who are at a high risk for prostate cancer and biopsy only those patients. So far that has proved difficult.”

Cancers that matter

Another major issue with screening for prostate cancer is that even when it's caught, it may not need to be treated. Many prostate cancers are slow growing, so slow that it's likely a man will die of something else before the cancer gets him.

But when cancers are caught, they're nearly always treated.

“A fair number of men will undergo unnecessary surgeries, which leads to incontinence, impotence, unnecessary expense and pain,” said Rogers. “In the end, they haven't benefited one bit.”

That kind of human cost has led researcher Dr. Gil Welch, a professor of medicine, to call the prostate test “a bad deal.”
Welch, author of a book titled “Overdiagnosed,” contends that the prevalence of screening tests to find sickness in otherwise healthy people is harmful.

He said people have concentrated for too long on screening for cancer at the expense of making sure the screening was helpful. "Any idiot can find cancer," he said. "G.E. and Siemens can always develop a test that will find something smaller. That's not the question. The question is detecting what will matter to people."

Welch said there are sometimes crasser purposes for PSA screenings: to make money.

In his book, he cites Dr. Otis Brawley, now chief medical officer for the American Cancer Society. When Brawley was at a cancer center associated with Emory University in Atlanta, he was told by marketing executives at the center about why the center did free PSA screenings in a nearby mall.

“We at Emory have figured out that if we screen 1,000 men at the North Lake Mall this coming Saturday, we could bill Medicare and insurance companies for $4.9 million in health care costs," Brawley said in an interview cited in the book. He stopped the practice, he said. "It bothered me, though, that my P.R. and money people could tell me how much money we would make off screening, but nobody could tell me if we could save one life."

No alternatives

There have been few improvements on the traditional PSA test since it came into widespread use a couple of decades ago.

Physicians cite some new options, such as measuring the rate of change of PSA rather than just the level, though studies do not support that approach.

That leaves men needing to make a decision about whether they feel the test is reliable enough that they want to know.

That approach — men making informed decisions aided by their physicians — is recommended by most experts as a way to mitigate the harmful side effects of an imperfect test.

Still, if a man chooses not to be screened and later is diagnosed with aggressive prostate cancer, is the late diagnosis his fault for not being screened?

A Virginia jury didn't think so.

In a 2003 case, a jury awarded $1 million to a man who, after declining a screening, was later found to have aggressive prostate cancer.

The physician in the case, Dr. Daniel Merenstein, explained the case in an article in the Journal of the American Medical Association. When Merenstein was a medical resident, he saw the man he described as a highly educated 53-year-old and explained the pros and cons of the screening to him. The patient decided to forgo the test.

Several years later, the patient went to another office. The new physician ordered the test without discussing it with the patient first. The patient, it turned out, had incurable prostate cancer. According to Merenstein, the prosecutor successfully argued that the doctor should have just given the prostate test and any subsequent follow-up without letting the patient make the decision.

Rogers said he talks about the pros and cons of screening, and of the thousands of men he has talked to about prostate screening, only a handful have declined.

“That's the problem; there's no good alternative right now,” he said. “Patients accept the imperfect nature of it, and yet most of them still want to know.”

Welch said he hears that a lot. He thinks that men should think it through.

“The time to think about the screening test and what you're going to do is before you start the process,” he said. Welch said he has not been screened, but “I can't tell you that's the right decision for everyone. It's the decision I made for myself.”

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