

More Evidence of Overly Aggressive Screening and Treatment for Prostate Cancer

Very old men were screened frequently, and men with serious comorbidities were overtreated.

Even proponents of aggressive prostate cancer screening and treatment acknowledge that very old men and those with major comorbidities are unlikely to benefit. Two studies demonstrate that this message is not getting across to clinicians.

Researchers extracted data from U.S. national health interview surveys in which about 15,000 men (age, ≥ 40) were asked whether they had received prostate-specific antigen (PSA) screening during the previous year; about 3000 men were 70 and older. The reported prevalence of screening was about 45% among men aged 70–79 and was still 25% among those aged ≥ 85 . In contrast, about 30% of men in their fifties underwent screening.

In a study from two U.S. veterans hospitals, researchers described patterns of treatment for 509 men with localized low-risk prostate cancer (clinical stage, $\leq T2a$; PSA level, ≤ 10 ng/mL; Gleason score, ≤ 6) who were followed an average of 7 years. As expected, aggressive therapy (radical prostatectomy or radiation therapy) was provided more commonly to younger than to older men (80% of those aged ≤ 65 , 57% of those aged 65–74, and 15% of those aged ≥ 75). However, in analyses stratified by the Charlson comorbidity index, 54% of men with scores ≥ 3 — associated with 70% 10-year all-cause mortality in this cohort — received aggressive prostate cancer treatment.

Comment: These studies confirm, yet again, that both PSA screening and aggressive treatment of low-risk prostate cancer are being provided to many men whose probability of benefiting is vanishingly low.

— [Allan S. Brett, MD](#)

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