

Yet Another Prostate Cancer Screening Study

In a 20-year study, screening resulted in overdiagnosis but not lower prostate cancer mortality.

In a recent meta-analysis of six randomized trials, prostate cancer screening resulted in overdiagnosis of prostate cancer and did not lower prostate cancer-specific or overall mortality ([JW Gen Med Oct 7 2010](#)). In this population-based trial, investigators assessed whether screening lowers prostate cancer-specific mortality at 20 years after enrollment.

Participants were all 9026 men in Norrköping, Sweden, who were between the ages of 50 and 69 in 1987; 1494 were randomized to prostate cancer screening at 3-year intervals; the remaining 7532 men were controls. Screening in 1987 and 1990 consisted of digital rectal examination (DRE); prostate-specific antigen (PSA) testing was added in 1993 and 1996. Data collection ceased at the end of 2008. Men with abnormal DREs and PSA levels >4 $\mu\text{g/L}$ underwent prostate biopsy. Prostate cancer was diagnosed in 5.7% of screened men and in 3.9% of controls. However, 2.0% of screened men and 1.7% of controls died from prostate cancer; this difference was not significant.

Comment: Strengths of this trial (the early [2004] results of which were included in the aforementioned meta-analysis) include its population-based design and its long-term follow-up. Overall, the results are consistent with those of prior studies, taken together: Screening for prostate cancer results in overdiagnosis of prostate cancer and does not lower prostate cancer-specific mortality.

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