

‘No better than a coin toss’: PSA tests are risky

By **Michael Wilkes**
and **Jerome Hoffman**

UC Davis just announced a seminar for the public on “men’s health.” That title notwithstanding, the program appears to be entirely about prostate cancer and in particular about the prostate specific antigen screening test. Prostate cancer can be devastating, and the PSA is intended to find cancer early — in time to do something about it.

If only it were that simple. Research has shown that there are steps people can take to improve the quality and length of their lives, even before they’re having any symptoms. (That’s what “screening” for disease is.)

Unfortunately, though, the devil’s in the details, and many possible screening programs turn out not to do any good — and in fact some tests like PSA cause harm. That’s why virtually all expert public health panels do not recommend the PSA test.

A blood test that isn’t accurate can fail to find disease that’s present, leading to false reassurance. It can also report disease when it’s not really there, leading to unnecessary use of other tests (like biopsy) that are not so benign. Perhaps most concerning, the PSA test frequently identifies something that qualifies as cancer under a microscope but acts nothing like cancer in real life. That is to say, the large majority of PSA-discovered “cancers” would never cause any problem whatsoever if they went undetected.

But because doctors can’t tell whether one of these

“cancers” is benign (as it usually is), or might occasionally be one of the bad actors, finding something through screening invariably leads to treating it.

Most of the men so treated would have been just fine if they never knew about the cancer. But when they’re treated (whether with surgery, radiation or chemotherapy), the majority suffer really life-affecting effects, such as impotence and/or incontinence. That’s why both of the two very large trials of PSA screening published in 2009 found no (or at most a tiny) benefit, but a great deal of harm.

Sadly, most men are never told the facts about the test, nor are they encouraged to make their own informed decision. The UC Davis course doesn’t even acknowledge a problem with prostate cancer screening. Its expert presenters — including two urologists and a professional football player (!) — will tell you that you need to “know your (PSA) statistics” beginning at age 40. Contrast this to the comments of Dr. Richard Ablin, the inventor of the PSA test, who has publicly called it “a hugely expensive public health disaster,” with accuracy “hardly better than a coin toss.”

We can’t say why UC Davis offers this course that ignore scientific evidence, but we wonder whether it just might have to do with money. Testing for and treating PSA-identified cancer is a large part of the practice of many urologists so it may not be surprising that urology groups take a far more positive stance on the test than almost any other doc-



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tors. They also fund a pro-PSA lobby that now includes the National Football League.

Health care spending is threatening to wreak greater and greater havoc on our economy. That’s not to say we shouldn’t invest in treatments that lead to improved health, even when they’re expensive.

And UC Davis, the NFL and surgical device companies have the right in our society to promote events in order to increase their profits. But we worry when companies and doctors with a conflict of interest sponsor what could be considered an infomercial endorsement to unsuspecting men without telling them they might end up being harmed as a result of a simple PSA blood test.

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