



# tough test

To screen or not to screen? After much study into the value of PSA testing, there's still no clear-cut answer

BY DR. ART HISTER



diagnosing a cancer that won't go on to harm that patient or one that we can't treat well enough to alter its natural progression doesn't help anyone. It may even cause much harm because of all the over-treatment involved once a cancer is diagnosed.

So where are we with PSA testing? Depends on whom you ask, I guess.

Thus, two huge studies released in the last year came to significantly different conclusions.

complications from procedures done for prostate cancers — incontinence and impotence, as well as infections, some even with resistant organisms — these researchers concluded that PSA screening test should be used sparingly, if at all.

A large European study, on the other hand, found a 20 per cent reduction in death rates from prostate cancer after nine years of follow-up in men in who had been screened with PSA testing. Although again, that

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**O**K, folks, the jury is (sort of) in about the value of screening men for prostate cancer with that blood test known as PSA. The conclusion of this particular jury will remind you very much of the conclusion of the jury in the **O.J. Simpson** murder trial — namely, after all that deliberation, that's the best they could come up with? Gimme a break.

Here's the problem in a nutshell: to be useful, a screening test for cancer

has to meet several criteria.

It not only has to be very reliable at picking up the specific cancer you're testing for (it should lead to very few so-called "false negative" results), it must also not pick up less serious conditions at the same time (resulting in very few so-called "false positive" results). Most importantly, you also have to show that the people who are screened with that test actually do better — live longer, are healthier — than people who are not screened.

In other words, merely

An American study concluded that although PSA screening did pick up lots of extra cancers, there was no difference in death rates from prostate cancer between screened men and unscreened men. This is mainly because many of the cancers picked up with PSA testing are meaningless malignancies, i.e., those cancers do not go on to harm the guys harbouring them even if the cancers are left alone to grow slowly larger.

Or, as some experts love to point out: way more men die *with* prostate cancer than die *of* prostate cancer.

So, after acknowledging the high rates of

20 per cent life expectancy benefit has to be weighed very carefully against the terrific toll exacted by all those extra investigations and surgery on elderly gents who get screened.

Bottom line: there is no one-size-fits-all answer to this issue, and the best thing a guy can do is to educate himself about this contentious question, and then decide what the best answer is for him.

Or, just do what so many guys prefer to do: have your wife make the decision for you. ■

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