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Prostate Cancer Survival: Early Detection Vital

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Introduction

Early diagnosis and treatment of prostate cancer may cut death rates by as much as 69%, according to a recently published analysis of earlier studies: "[S]imple use of the available screening procedures and treatments for localized prostate cancer could cause a dramatic decrease in prostate cancer death," wrote Dr. Fernand Labrie in the May 15, 2000 issue of the *Prostate*.

Dr. Labrie (Laval University, Quebec City, Canada), who analyzed four previous studies, concluded that prostate cancer is difficult to detect because it "almost always develops insidiously, without any signs or symptoms, until it reaches the noncurable stage of metastases [spreading] in the bones. Early treatment or cure of [prostate cancer](#) will never be possible without screening in asymptomatic men."

Although not all experts are convinced, there is growing evidence that routine screening of middle-aged and older men--using tests like digital rectal examination (DRE), [prostate-specific antigen](#) (PSA) test, and transrectal ultrasonography (TRUS)--saves lives. For example, one of the studies analyzed by Dr. Labrie found that prostate-cancer-related death rates have been reduced significantly.

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Similar results were obtained in another recent study presented by Dr. Georg Bartsch of the University of Innsbruck, Austria, at the 95th annual meeting of the American Urological Association (April 29-May 4, 2000). Dr. Bartsch and his team found a 48% decrease in prostate-cancer death in the state of Tyrol, Austria, after freely available PSA testing for men 45-75 years of age was introduced in 1993. Since there was no similar reduction in death rates

in the rest of Austria during the same time period, the researchers concluded that the reduced mortality in Tyrol was caused by the widespread introduction of PSA screening.

However, some experts say it may be too early to come to that conclusion, based on the available data. For example, Professor Ulf-Hakan Stenman of Helsinki University Central Hospital in Finland says that "it will take 15-20 years after the start of a screening program before we can evaluate whether it reduces mortality." The reason for this, he says, is that "serum PSA starts increasing 5-10 years before prostate cancer causes any symptoms, and on average, 17 years before the patient dies of this disease."

Dr. Stenman and his colleagues are conducting a randomized clinical study of over 38,000 middle-aged Finnish men. About 10,000 of these men have received PSA screening. The remaining subjects have not been tested. Although it is too early to tell if the screening will result in reduced mortality, preliminary results suggest that PSA testing detects the cancer earlier. So far, the researchers have found that only 14% of the cancers detected in the screened group had spread beyond the prostate at the time of diagnosis. In the control group, which received no intervention, 33% of the cancers had already metastasized (begun to spread) by the time they were diagnosed.

Who Should Be Tested

According to most clinical guidelines, men who are at high risk for developing the disease, like African Americans and those with a family history of prostate cancer, should first be screened at age 45. Some experts recommend screening as early as age 40 for men in the high-risk category. Others may be screened starting at age 50, most experts say.

First screening usually includes both digital rectal examination and PSA testing. Unfortunately, neither of these tests is always accurate: The results may be positive even when the patient does not have cancer. A newer, more accurate test called the "percent free PSA" has recently been approved by the US Food and Drug Administration (FDA). It is intended to detect prostate cancer in men with elevated PSA levels early. Widespread use of this test, it is hoped, will help cut down the number of "false-positive" results and unnecessary biopsies in the future.

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Treat Now or Wait

Naturally, everyone hopes for the best possible outcome when undergoing any medical test or examination. But what happens if one or more of the tests show that you may have a cancerous tumor?

Deferred treatment, or so-called "watchful waiting," has often been recommended in the past,

particularly for older men who have been diagnosed with low-grade prostate cancer. The reasoning behind advice like this is that cancer of the prostate tends to progress slowly. Older men, especially those over 70, may die of unrelated causes before the cancer has a chance to spread to other areas of the body.

Dr. Labrie points out, however, that although prostate cancer usually progresses slowly, it will eventually spread and lead to death, if left untreated. He agrees that watchful waiting may be right for some men, like those "having a short life expectancy and diagnosed with low-grade localized disease." But he says that for the vast majority of cases, "The benefits of treatment of localized prostate cancer at time of diagnosis have been well documented."

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