Prostate Cancer Screening Rates Appear to Level after Recent Drop

Declines in prostate specific antigen (PSA) testing that came after changes in government screening guidelines have abated in recent years



April 24, 2017 –Declines in prostate specific antigen (PSA) testing that came after changes in government screening guidelines have abated in recent years, according to a new study. Writing in JAMA Internal Medicine, American Cancer Society investigators say about one in three men 50 years or older still receive routine PSA testing.

Recommendations for prostate-specific antigen (PSA)-based prostate cancer screening have changed considerably in recent years. In 2008, the US Preventive Services Task Force (USPSTF) recommended against PSA-based prostate cancer screening among men 75 years or older, and in 2012, the group recommended against PSA testing for men of all ages. Other organizations, including the American Cancer Society, emphasize shared-decision making for men 50 years or older who have a long life-expectancy.

A previous study by ACS investigators showed shifting recommendations had led to a decline in PSA screening rates, which dropped from 37.8% in 2010 to 30.8% in 2013 among men 50 years or older, resulting in substantial declines in prostate cancer incidence.

To find out if the trend has continued, ACS researchers led by Stacey Fedewa, Ph.D. used recently released data from the 2015 National Health Interview Survey (NHIS) to examine testing patterns. They reviewed responses from 16,196 men over 50, more than half of whom were 50 to 64 years old. Three-quarters of the men had visited their primary care physician in the past year.

They found that among men 50 years or older, rates of PSA testing for routine reasons in the past year remained stable at 32.1%. “Physicians interested in de-adopting PSA testing may have done so, closely following the

USPSTF recommendation and the media attention that came with it," write the authors. They add that other physicians may be choosing to continue to offer PSA testing based on their beliefs about screening and interpretation of clinical trial results, as well as recommendations from other public health organizations that still support PSA testing, albeit with shared decision making.

The authors point to a recent study that reported a modest short-term increase in the incidence of metastatic prostate cancer among men 75 years or older, but say continued evaluation is needed to determine how testing patterns influence prostate cancer outcomes over the long term.

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