

NO MORE PSA TESTING? My rebuttal to the USPSTF

My Comment to the USPSTF (United States Preventive Services Task Force) in response to their “Screening for Prostate Cancer: USPSTF Recommendation Statement DRAFT” to NOT recommend PSA testing for Prostate Cancer:

“I disagree with your conclusion concerning PSA blood testing and community-based screening, and disagree even more so the recommendation that PSA blood testing for men be reduced to the rating “D.” Such a rating recommends no testing whereas elsewhere in your recommendations you certainly allow for PSA testing with direction as to the circumstances when that testing would be acceptable. Accordingly, the rating should be raised to a level that recognizes that PSA blood testing, as well as even community-based screening, is acceptable under those described conditions. Your recommendations actually allow for “screening” as long as the man has been explained the reason for the PSA blood test, what the result may provide, and that he then consents to that test. This is yet other reasoning that your recommended “D” rating is flawed. It also appears that you have ignored the largest and best designed of the screening studies quoted in the report that identified that screening appeared to save lives based on their statistics. I am among what I would expect in my 19 years as a prostate cancer patient while also deeply involved in research and study of this insidious, deadly men’s disease, that there are literally hundreds of thousands of men whose community-based screening with either the PSA blood test or a combination of the PSA blood test and digital rectal examination (DRE) determined the presence of developing prostate cancer. I read this repeatedly with monitoring of several prostate cancer support lists and I hear it from the many men that have been a part of our Wichita, Kansas Us TOO prostate cancer support group over the past 17 years. Again, community-based “screening” identified this presence. Recently here in Kansas at the State Fair, over 300 men were provided prostate cancer “screening” with a PSA blood test and it was reported on local television last evening that the results determined that well over 200 men showed evidence of sufficient PSA elevation to be considered for further evaluation to determine whether these men were experiencing a urinary infection, prostatitis, benign prostatic-hyperplasia (BPH), or developing prostate cancer; all ailments that can be determined by PSA testing and that, in any event, require some manner of treatment. And here again, yet additional importance of not just PSA blood testing, but community-based prostate cancer screening. In conclusion, I believe it extremely important that you readjust your rating of “D” to a rating that permits both PSA blood testing as well as community-based screening under the conditions you make note that the patient is

provided an explanation of why the PSA blood test is offered, what the result may provide, and that patient consent is obtained.

Respectfully, Charles (Chuck) Maack – Prostate Cancer Advocate/Activist”

I wanted to add the following, but the comment page permitted a limited number of letters, so I had to leave this out:

"Patients diagnosed with low grade, low percentage, early developing prostate cancer should be explained and encouraged to follow an Active Surveillance option with close attention to future diagnostics rather than moving to the more invasive surgical removal, radiation, or freezing of the gland and experiencing any sooner than necessary the side effects that most often accompany these options. This would reduce over-treatment. However, should a patient insist on one of these invasive treatment options, such treatment as patient choice should not be categorized as over-treatment."

You can still read the entire original draft here:

<http://www.uspreventiveservicestaskforce.org/draftrec3.htm>

Charles (Chuck) Maack - Prostate Cancer Advocate/Activist

Email: maack1@cox.net

PCa Help: "Observations" <http://www.theprostateadvocate.com>

I am extremely pleased that Medical Oncologist Stephen Strum has published his response in this regard via the Life Extension Foundation website. For a much more indepth understanding of the importance of the PSA test, please visit:

THE PSA CONTROVERSY

Stephen B. Strum, M.D., FACP

Specializing Specifically in Prostate Cancer Research and Treatment since 1983

Part I

<http://viewer.zmags.com/publication/c537cc6a#/c537cc6a/64>

Part II

<http://viewer.zmags.com/publication/c537cc6a#/c537cc6a/76>

