
Work & Careers**The mounting case for annual prostate cancer testing****The Fit Executive**

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Willy Green, a 71-year-old retired businessman in Hanover, Michigan, recently switched general practitioners. As part of the standard exams for new patients, Mr Green had a test for prostate-specific antigen or PSA. His result was 85, many times the normal reading for a man his age, which is 4 or less. His doctor sent him to a urologist, who found aggressive prostate cancer.

A 52-year-old executive in the London art world, who asked not to be named, was told by his GP in London that his PSA had “skyrocketed” in two years. A short time later, he had successful surgery for prostate cancer.

In both cases, it is highly likely that a PSA test was instrumental in saving the lives of the two men. Yet medical authorities on both sides of the Atlantic now routinely recommend men avoid getting a PSA test. According to the UK’s National Health Service, “there is currently no screening programme for prostate cancer in the UK because it has not been proven that the benefits outweigh the risks”.

In May 2012 the US Preventive Services Task Force, an advisory medical panel, also came out against PSA-based screening because it saw “a very small potential benefit and significant potential harms”.

So it was a bit of a surprise when I put the question to Dr Abraham Morgentaler, an associate clinical professor of urology at Harvard Medical School, and he made exactly the opposite case. “The

inescapable fact is that the PSA has been one of the greatest success stories in the history of cancer,” Dr Morgentaler says.

He points to statistics from the US Center for Disease Control, which show that in 1992, when the PSA test first came into wide use, the death rate from prostate cancer was 40 per 100,000 men. By 2009 it was down to 21. Dr Morgentaler says: “There is no other explanation possible for the really remarkable decline in prostate cancer mortality other than the introduction of PSA testing.”

Even more [dramatic evidence](#) of the PSA test’s ability to reduce cancer deaths come from Europe, where a study in Sweden showed that prostate cancer mortality fell by almost half over 14 years. A [similar study](#) of 35,000 men in Rotterdam found that death from prostate cancer could be reduced by 51 per cent if regular PSA tests were taken.

So what is the rationale for opposing the tests? One argument is that they can result in false positives. A high PSA reading can also lead to unnecessary biopsies, which involve inserting 12 needles into the prostate and can cause infections, or overdiagnosis of tumours, which sometimes leads to surgery for men who do not need it because prostate cancer can be very slow-growing.

Such operations can cause incontinence or even impotence. So it is really not a PSA problem but how your doctor acts on that information.

The good news is that advances in medical technology may have alleviated some of these concerns, according to Dr Robert Bard, a New York radiologist who has written textbooks on the prostate.

He says a combination of three-dimensional Doppler ultrasound – widespread in Europe and now available in the US – and magnetic resonance imaging can now replace painful biopsies. He says it shows prostate cancer in such detail that it is possible to determine readily

whether the cancer is aggressive and needs to be treated or only warrants watching.

The tests take only minutes, are completely painless and 95 per cent accurate, Dr Bard says. Faced with 12 needles inserted into the prostate or a \$1,500 one-time bill for the 3D ultrasound, I know which option I would choose.

fitexecutive@ft.com

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