



Letter to the Editor of the Arizona Daily Star

The recent criticism of the PSA blood test used for prostate cancer screening is nothing new. All urologists realize it is not a perfect test. No more than a mammogram or colonoscopy are perfect tests. Yet these screening tests do save lives. The essence of the problem with prostate cancer is that we do not yet have a screening test that can discriminate between lethal and non-lethal prostate cancer.

To say there are non lethal prostate cancers is probably true, but even our knowledge of these slow growing tumors is far from complete. The US preventive task force is basing their recommendations on 10 year data. Some prostate cancers may take longer than 10 years to show their real potential for lethality. To say otherwise is not accurate. In reality, many prostate cancers are lethal. 30,000 men in the US die every year from this disease. The math is simple. Prior to PSA testing which started 20 years ago, 40,000 men died annually with prostate cancer in the US.

The US preventive task force is made up for the most part of physicians who do not routinely care for men dying of prostate cancer. They include 16 individuals (primary care physicians, nurses, psychologists, and epidemiologists) who as far as I know, may have never taken care of a prostate cancer patient. Their message has been consistent over the years. They believe that prostate cancer is a disease of elderly men and is a toothless lion, that screening is not effective and that men are better off if we ignore it altogether.

I have many patients and their families who suffer greatly from this disease and despite the above recommendations are unable to ignore its devastating reality.

Urologists do not recommend treatment for every prostate cancer. Many are carefully followed without treatment. Urologists do not recommend treating men who are likely to die of another disease within ten years. Contrary to what has been said about prostate cancer treatment, most of our modern treatments are safe and without major complications and do save lives. We have done much to minimize the treatment related side effects which were very common in the recent past.

Can we do better? Clearly. Our goal is that no man should die from prostate cancer.

Jerry Greenberg, MD Arizona Institute of Urology