Life Extension Magazine®

Outbreak of Metastatic Prostate Cancer

Starting in 2008, a government group recommended that most men not undergo annual PSA screening. The impact of this misguided policy is increasing numbers of men being diagnosed with advanced-stage prostate cancer. This tragedy was preventable if early-stage disease had been detected via c.

By **William Faloon**.

William Faloon

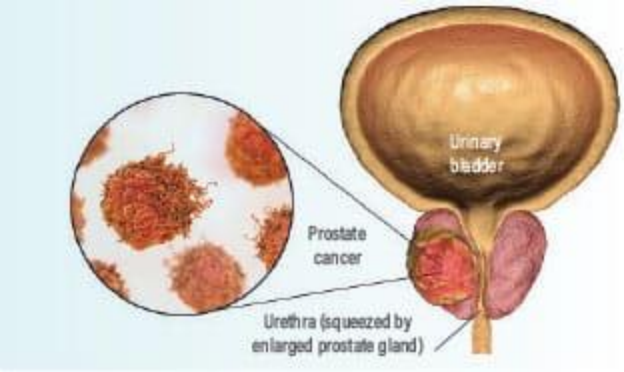
Prostate cancer is the second leading cause of cancer **death** in American men.[1]

It is estimated that over **34,000** deaths will occur from **metastatic prostate cancer** in **2021**.[1]

Low-cost **PSA blood testing** is one of our most valuable tools for detecting prostate cancer when it is still in its *early* curable stages.[2]

Our Dire Prediction Transforms into Lethal Reality

The United States Preventive Services Task Force (USPSTF) is a government-funded group that claims:



"to improve the health of all Americans by making evidence-based recommendations about clinical preventive services."

In **2012** the **USPSTF** made a **misguided** recommendation that compelled me to write an editorial describing the **USPSTF** as a:

"Federal Death Panel"[3]

In **2008**, the **USPSTF** recommended that men over **age 75** not have their blood routinely screened for **PSA**.[4]

In **2012**, the **USPSTF** recommended against routine **PSA screening** for all men 50 years of age and older.[5]

The initial effect of the **USPSTF's** recommendations were declines in prostate cancer diagnosis. Everyone agreed this would happen because if the number of **"PSA tests"** go down, so do new cases…at least in the beginning.

Tragically, too many men who followed the **USPSTF** guidelines to not test their **PSA** are now facing advanced-stage prostate cancers.

As of **2016**, a total of **11,387** more American men were diagnosed with **metastatic prostate cancer** compared to **2008** levels, when **PSA blood test** prevalence was robust.[6]

Few of these **metastatic prostate cancer** patients will be **cured**.[7] Some are kept alive by grueling **chemotherapy, radiation** and **hormone-ablation** regimens, including **castration** in some cases.

Had the **USPSTF** not swept prostate cancer **"under the rug"** by recommending against **PSA screening**, thousands of lives could have been saved and an enormous amount of human suffering avoided.

As surging numbers of men succumb to advanced disease and harsh treatments, our dire prediction **8-12 years** ago has been tragically **vindicated**.

This is of little value to those not able to recognize that the **USPSTF** was not acting on behalf of **humanity**.

PSA stands for: **prostate-specific antigen.**

When **PSA** blood levels increase above **1.0-2.0 ng/mL** it may indicate a very *early-stage* **cancer** that is **reversible** in some cases by making healthy dietary choices.[8-10]

PSA is not just a potential prostate cancer **marker**.

Prostate cells can emit PSA to break down healthy prostate tissues and help malignant cells invade tissues.[11,12] This can enable **malignant** prostate cells to penetrate the prostate capsule and spread to soft tissue, regional lymph nodes and eventually bones.

A **PSA** reading over **1.0 ng/mL** indicates that prostate health is in jeopardy.

One study, published in the *New England Journal of Medicine*, showed that **17%** of the men with PSA levels between **1.1** to **2.0 ng/mL** had **prostate cancer**.[13]

PSA increases at different rates in different conditions. In **benign prostatic hypertrophy (BPH)** there is usually a slow PSA increase over time. In **prostate cancer**, PSA levels can double over a relatively short period.[14]

How to Lower PSA Levels

PSA levels increase with age, but there are **proven** ways to reduce it.

These methods range from choosing healthier **diets/lifestyles** to taking drugs like **Avodart®** now sold as a generic called **dutasteride**. The typical **dutasteride** dose is **0.5 mg/day** to improve urinary flow.[15]

Men who use drugs like **dutasteride** or **finasteride** shrink their prostate gland size about **25%** and reduce their **prostate cancer** risk by around **25%.**[16-18]

A minority of men complain about **sexual** side effects, while others are happy with improved head **hair** growth.

I often suggest that men with rising **PSA levels** who don't want to use **dutasteride** make **dietary** changes that may accomplish similar benefits.

Advent of PSA Blood Testing

PSA blood tests became available around year **1990** and American men were quick to utilize them. In the **United Kingdom**, PSA testing was much less common.

This enabled researchers to study trends in **prostate cancer mortality** in the **United States** versus the **UK** spanning years **1975** to **2004.**[19] A comparative analysis was done to assess whether more **PSA screening** resulted in fewer prostate cancer **deaths**.

This study found that **prostate cancer mortality** peaked in the *early* **1990s** at almost identical rates in both the USA and UK.

Starting after **1994**, however, age-adjusted prostate cancer **death rates** in the **United States** declined **four times** more compared to those in the **United Kingdom** after **1992**.

Both countries saw declines in prostate cancer deaths because of improved treatments and overall earlier detection, but the decline was **four times greater** in the **United States**. The best available explanation for this difference is the earlier **PSA detection** and better treatment options available in the United States.

The decline in **prostate cancer mortality** in the **United States** was greatest and most sustained in men aged **75** or older.

These findings were published in ***The Lancet Oncology*** with the following interpretations:[19]

"The striking decline in prostate cancer mortality in the USA compared with the UK in 1994–2004 coincided with much higher uptake of PSA screening in the USA."

These data published in **May 2008** showed the greatest death rate decline in response to **PSA testing** occurred in men over **age 75**.

Despite these findings, the **United States Preventive Services Task Force** (USPSTF) issued a recommendation in **August 2008** (widely disseminated by the media) that older men should not undergo **PSA screening**.

This specific **USPSTF** recommendation of **August 2008** was:[20]

"Do not screen for prostate cancer in men age 75 years or older."

Fighting Back Against USPSTF Guidelines

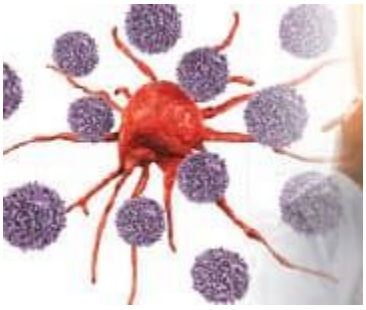
In **2012**, the **USPSTF** went a step further and recommended against routine **PSA screening** for all me

This led to an uproar among various medical specialists who argued for and against routine **PSA screening**.

Life Extension® led a charge against these egregiously misguided **USPSTF** anti-PSA-testing recommendations.

We persuaded large numbers of men to continue having annual **PSA blood tests** in order to detect prostate malignancies in *early* stages when they are curable using minimally invasive therapies like high-resolution image-guided **cryo-ablation**.

Partial Capitulation



As scientific evidence mounted against the **USPSTF's** position on **PSA screening**, a major concession was made.

In 2018 the **United States Preventive Services Task Force** (USPSTF) backtracked on its 2012 recommendation against PSA screening. Their new suggestion is that men aged 55–69 should make an individual decision about routine screening in consultation with their physician.[21]

While this represents a partial capitulation, we vehemently disagree that early diagnosis of prostate cancer should be limited to men aged **55–69**.

Prostate cancer risk begins around age 40,[22] and this is when men should have their first PSA blood test.

We at **Life Extension®** don't write off men over age 69, and we urge these men to have annual PSA blood tests to ascertain prostate cancer risk and take steps to reverse the course of early-stage disease using nutritional and drug interventions.

Diagnoses Decline but then Head Higher

On **May 23, 2020**, a study was published that evaluated American men who developed **regional** (outside the prostate capsule) and **metastatic** prostate cancers since **PSA screening** was first discouraged in **2008**.[6]

As expected, rates of newly diagnosed prostate cancers declined as fewer men underwent **PSA blood tests**. But avoiding a PSA test does not make the disease disappear. It only **delays** the eventual diagnosis to a time when the prostate cancers are more advanced and often incurable.

For example, this study found that for the years **2007** to **2016**, the incidence of local-stage, non-advanced prostate cancer decreased by **6.4%** per year in men ages 50 to 74, and by **10.7%** per year in men ages 75 years and beyond.[6]

These decreases in early-stage disease reflected fewer **PSA tests** being performed, which meant fewer men were diagnosed in asymptomatic stages when cure rates are very high.

For **regional-stage** prostate cancer, where the tumor extends beyond the prostate capsule, but is contained in the pelvic genital-urinary region, incidence rates surged **11.1%** per year ***higher*** from **2012-2016** after stable rates from **2005-2012**.[6]

For distant-stage, advanced prostate cancer, incidence increased from **2010-2016** by **5.0% per year** after declining by **0.9%** per year from **2005-2010**.[6]

This means there were increased rates of **advanced** (regional- and distant-stage disease) **prostate cancers** in the years **(2010-2016**) after **PSA screening** began plummeting.

A major factor likely responsible for this increased incidence per year from **2010-2016** in regional- and distant- stage disease was the USPSTF guidelines recommending against routine **PSA screening**.

How Many Men Impacted By Year 2016?

The researchers looked at how many excess cases of metastatic prostate cancer occurred from **2009** through **2016** and compared them to the historically low **2008** rate (before **USPSTF** advised against **PSA screening**).[6]

A total of **11,387** more men aged 50 or greater were diagnosed with distant-stage (**metastatic**) prostate cancers from **2009-2016** in the U.S. than would have been, had the incidence of advanced-stage/metastatic disease remained at **2008** levels.[6]

The researchers commented that in **2016** alone, the last year of the analysis, there were **3,590** additional men living with advanced-stage **metastatic** prostate cancer because of the change in incidence since **2008** (when **PSA screening** was widespread).

Declining Rates of PSA Testing

The USPSTF's attack on PSA blood testing had a huge impact on reducing the number of men over age 50 who underwent **PSA screenings**.

WHAT IF YOUR PSA BLOOD LEVEL IS ELEVATED?

The "normal" reference range for **PSA** is **0-4 ng/mL**.

The optimal **PSA** blood level is **1.0 ng/mL** and lower for healthy men.

When **PSA** becomes elevated above **1.0-2.0 ng/mL**, this indicates activity in the prostate gland that may relate to **inflammation**,**benign growth**, and/or **cancer**.

Unlike typical cancers, some prostate malignancies appear **reversible**.

Nutrients like **curcumin**,[26,27] **boron**,[28,29] and **vitamin D**[30-33] have been shown to support prostate health and facilitate **PSA** reduction.

Drugs like **finasteride** and **dutasteride** can cut PSA by **50%**.[34,35] This is more than just a number-reducing effect. Men taking these drugs reduce their **prostate cancer** risk by about **25%**.[16-18]

When PSA levels are above **1.0-2.0 ng/mL**, this can be an early warning that a problem is developing in the prostate gland. After dietary, nutrient and/or drug therapies are initiated, the **PSA** should be retested in the next three to six months to ensure the changes are resulting in a reduced PSA level.

Annual (or twice yearly) **PSA blood tests** thereafter enable an aging man and his physician to monitor the status of his prostate gland, both from a quality-of-life standpoint as it relates to BPH and to catch a malignancy in its early stages when cure rates are virtually **100%**.

New minimally invasive techniques can now be done on an outpatient basis. These include enhanced imagery-guided **cryo-ablation** or **laser** therapies that seek to destroy *only* the **malignant** portion of the prostate gland.

This is a vast improvement over conventional methods involving **radical prostatectomy** (major surgery) or **radiation** that damages surrounding healthy tissues.

TABLE 1. TIMELINE FOR PSA TESTING

1990s: PSA blood tests become widely available in U.S.

2008: PSA blood testing peaks in U.S.

2008: Study shows PSA testing reduces prostate cancer mortality.

2008: USPSTF urges men over 75 years to avoid PSA screening.

2012: USPSTF urges all men to avoid PSA screening.

2013: Life Extension® alleges USPSTF functions as a "death panel."

2018: USPSTF says men aged 55-69 may consider PSA screening.

2020: Report reveals relative surge in advanced prostate cancer since **2008**.

According to national self-reported survey data, routine **PSA testing** rates among men age 50 years and over were at **40.6%** in **2008**. That meant that **40%** of American men over age 50 had their blood tested to check **PSA** levels.[23,24]

This percent of men aged 50 and over having routine PSA tests dropped to **38.3%** in **2010** and then to **31.5%** in **2013** and remained unchanged in **2015**.[23,24]

Similar declines in PSA testing have been reported on Medicare claims data.[25]

This decline in **PSA testing** correlates with the surge in **regional-** and **advanced-stage (metastatic)** incidence for prostate malignancies over this time period.

How Many Men Affected Since Year 2016?

Prostate cancer is often an insidious, slow-growing disease without outward side effects.

The first symptom of metastatic disease can be bone pain (back or pelvic areas) as prostate cancer cells infiltrate into bone and accelerate its breakdown.

Bony metastasis is often termed stage 4 disease. It can be treated with hormone ablation, radiation and chemotherapy drugs to enable a man to live for many years—but while enduring chronic pain and disability inflicted by the malignant cells, the toxic drugs/radiation, and the deprivation of testosterone.

Testosterone deprivation is associated with significant mental and physical health issues such as depression, aggravation of cardiovascular disease, acceleration of frailty, and muscle wasting.

As new data sets emerge, we will learn how many more men who avoided PSA screening are afflicted with advanced malignancies.

Impact of Misguided Recommendations Not Yet Known

I continue to predict that the decline in **PSA screening** will result in more men being diagnosed with advanced prostate malignancies.

Compare the tragedy of delayed diagnosis to far gentler procedures like precise imaging-guided **cryo-ablation** that is often **curative** when the disease is caught in localized (early) stages.

I am gratified to those who stood up to the **USPSTF** and unwarranted media attacks on **PSA screening** so that at least **30%** of men over age 50 today are likely having regular **PSA blood tests**.

There are historic examples of effective procedures falling out of favor with a corresponding increase in the numbers of people who needlessly suffer and die.

One such example is **scurvy**, the disease that sickened and killed millions, long after a citrus cure was discovered. (See Table 2 below for a brief chronology.)

TABLE 2. HOW SCURVY RELATES TO PSA TEST DEBATES

1497: Citrus shown to cure scurvy.

1747: James Lind proves citrus cures scurvy.

1799: Britain mandates sailors ingest citrus.

1870: Citrus cure officially discredited.

1911: Dr. Robert Scott loses crew to scurvy.

1932: Vitamin C proven to cure scurvy.

Thousands of Deaths After Cure is Discovered

Most male readers of ***Life Extension*® magazine** screen for **PSA** and make adjustments if levels are higher than optimal.

As you can see on the next page, PSA testing is included in the popular **Male Blood Test Panel** that many of our readers utilize each year.

For longer life,

William Faloon

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