

U.S. Recommendation, Oncologist Urges PSA Screening

APRIL 17, 2019



BY [MARY CHAPMA](#)

Despite a [United States Preventive Services Task Force \(USPSTF\) 2012 conclusion](#) that routine tests for prostate cancer are unnecessary, a prominent oncologist believes such screenings should be encouraged. [Vladimir Ioffe](#), MD, a radiation oncologist with [21st Century Oncology](#), said prostate-specific antigen (PSA) screenings ought to be recommended for African-American males, men with a family history of the disorder, and healthy males ages 70–80. Discontinuing such tests could result in more than 6,000 prostate cancer-related deaths annually in the United States, he said. Ioffe's study was completed in collaboration with Navin Shah, MD; Thomas Huebner, MD, and Ivelina Hristova, BA. "Our study shows that the current USPSTF prostate cancer screening recommendations are harmful and result in later-stage prostate cancer detection," Ioffe said in a [press release](#). "We are seeing more late-stage diagnoses with more aggressive prostate cancer and in non-curable stages. We strongly believe that PSA-based prostate cancer screening should be cleared, recommended, and endorsed, especially for high-risk men." He said that since the task force's announcement, there has been a 9% rise in diagnosis of aggressive disease. This suggests that a lack of screening prevented earlier cancer detection before it became advanced.

[Rev Urol.](#) 2018;20(2):77-83. doi: 10.3909/riu0793.

Prostate Biopsy Characteristics: A Comparison Between the Pre- and Post-2012 United States Preventive Services Task Force (USPSTF) Prostate Cancer Screening Guidelines.

[Shah N1](#), [Ioffe V2](#), [Huebner T3](#), [Hristova I4](#).

[Author information](#)

[Abstract](#)

To compare prostate cancer (PCa) characteristics diagnosed by prostate biopsy (Pbx) in the 3 years before and after the 2012 United States Preventive Services Task Force (USPSTF) recommendations for PCa screening, we completed a retrospective comparative analysis of 402 sequential PCa patients diagnosed from 2010 to 2012 (3 years) with 552 PCa patients diagnosed from 2015 to 2017 (3 years). Data was collected on patient age, race, total number of biopsies performed, prostate specific antigen (PSA), Gleason sum score (GSS), and digital rectal examination (DRE). The data was analyzed to determine whether the 2012 USPSTF screening recommendations affected PCa characteristics. Two study groups were defined, Group A and Group B, prior to and after the 2012 USPSTF screening recommendations, respectively. In Group A (pre-2012 USPSTF recommendations), 567 patients/year underwent a Pbx versus Group B, 398 patients/year, a 30% reduction post-USPSTF. The annual positive Pbx rate for Group A is 134/year versus Group B 184/year, a 37.3% increase post-USPSTF. Group A had high-grade PCa (GSS 7-10) in 51.5% versus Group B in 60.1%, an 8.6% increase post-USPSTF. In Group B, the total number of positive biopsies was increased by 100%. This study shows that in Group B, the Pbx rate decreased by 30% but the annual PCa detection rate increased by 37%. High-grade GSS (7-10) PCa increased by 8.6%. Despite a reduction in the total number of prostate biopsies by 30%, there was a 100% increase in the total number of positive prostate biopsies.

KEYWORDS:

PSA screening; Prostate cancer; United States Preventive Services Task Force