

Prostate Test: Lifesaver Or Big Mistake?

by RICHARD KNOX

March 22, 2010

text size **A A A**

The man who discovered PSA — prostate-specific antigen — says most men who get tested for it are thinking about it the wrong way.

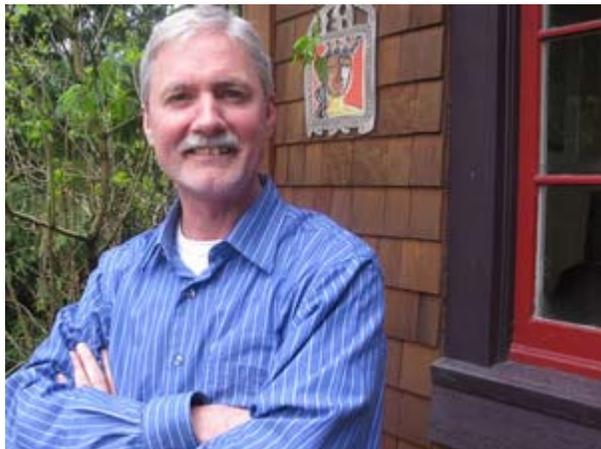
"It cannot do what it's been purported to do. It can't detect prostate cancer," says Dr. Richard Ablin of the University of Arizona. "And it's resulted in [a public-health disaster](#)."

Can't detect cancer? That's the very reason millions of men and their doctors pay close attention to their PSA number.

It's why a PSA that creeps up from, say, 3.8 to 4.2 causes men sleepless nights — and sends them to the urologist, who will often respond to an "elevated" PSA by sticking a needle into their prostate gland to retrieve tissue samples, looking for cancer cells.

High PSA Not Always A Problem

But wait, Ablin says. Many conditions can cause PSA to go up — prostate infection, the benign enlargement that occurs in most men of a certain age, even sex within 48 hours of a PSA test.



Enlarge

Jane Greenhalgh/NPR

Brad Baugher, director of technology at Oregon Episcopal School, credits a series of PSA tests with helping detect his prostate cancer early.

says. "But we don't know which cancers are turtles and which are rabbits."

And when PSA leads to biopsy and biopsy turns up cancer, many if not most of those men will soon find themselves undergoing surgery to remove the prostate, or radiation to kill the cancer.

Most of the time, that's totally unnecessary, Ablin says, because many prostate cancers found this way are so slow-growing they would never have caused a problem.

Think of the prostate gland as an open box, Ablin says. Most prostate cancers are like a turtle that slowly crawls around that box but never gets out.

"We can think of an aggressive cancer as a rabbit that jumps out of the box and spreads," Ablin

Treatment Can Cause Impotence And Incontinence

Many men who get treated for "turtle" cancers end up with lifelong impotence and urinary or fecal incontinence. That's the "disaster" part.

A large European study published a year ago found that for every man whose life is saved by PSA monitoring and early treatment, "there are 48 others who may not have died but had the treatment,"

says Dr. Craig Redfern of Portland, Ore. "A number of those are impotent, and some of them are incontinent."

Redfern knows one such patient. "He was about 66, had a 1- to 2-millimeter area of cancer on his pathology. I think he had one core biopsy, which was positive," Redfern said. The pathologist assessed his cancer's aggressiveness as borderline.

"He probably did not need the surgery," he continues. "He's suffering quite a bit from urinary incontinence. He needs to wear a pad. So he's one who has done poorly."

If Redfern had been the man's doctor at the start, he would have counseled him to hold off doing surgery and monitor the situation closely — an approach that some call "active surveillance."

It cannot do what it's been purported to do. It can't detect prostate cancer, and it's resulted in a public-health disaster.

- Dr. Richard Ablin

[The American Urological Association](#) is pushing "active surveillance" rather than immediately treating every prostate cancer that is found.

But Dr. Michael Phillips, a Washington, D.C., urologist, says it's the unusual man who's comfortable with watching and waiting.

"Even if a man says, 'Well, if I have this low-grade cancer, it might not cause any problems during my natural lifetime, maybe I'll forego surgery,' " Phillips says. "It's hard to lie in bed at night and look at the ceiling and think, 'I have this cancer inside of me.' "

Phillips disagrees with Ablin that PSA blood testing is a disaster. But he says there is a rethinking going on about how to use PSA in a way that does men more good than harm.

More Men Die With Prostate Cancer Than From It

He agrees with Ablin on one big thing: "We're 'curing' a lot of men with prostate cancer who don't need to be cured," Phillips says. "There are probably way too many PSAs being done. And in some areas, there are probably way too many biopsies being done. I've been around long enough to know that you can get burned either way by the PSA — by picking it up too quickly or by missing it altogether and finding cancer too late."

Enlarge

Jane Greenhalgh/NPR

Dr. Craig Redfern, Brad Baugher's doctor and friend since high school, says it's up to every man to decide for himself whether to get tested. Redfern has not had his PSA tested.

In fact, Craig Redfern, the Portland doctor who is a PSA skeptic, cites one case that proves the value of the test — if it's interpreted the right way.

That patient is Brad Baugher, a 55-year-old teacher. Baugher and Redfern met in high school and have been best friends ever since.



Baugher got his first PSA test at age 44, before he was Redfern's patient. When he turned 50, he asked his friend to do a PSA test, just to see if there was any change. The results showed nothing to worry about.

But a few years later, Baugher began having the urinary problems that plague many men beginning in middle age. "I had a few symptoms at night, getting up to go to the bathroom," he says. "My wife was bugging me about going to the doctor, getting my PSA measured, getting checked out. So I did."

PSA Test Can Help Save Some Men's Lives

This time Baugher's PSA was 5.5 — above the 4.0 cutoff that has traditionally been considered a potential marker for cancer but not necessarily a worry.

Still, Redfern says, "since he was my friend and I didn't want any potential conflict of interest over decision-making, I suggested he just see the urologist and decide whether to proceed with the biopsy."

The urologist suggested a course of antibiotics in case Baugher's PSA reflected a minor prostate infection, followed by a repeat PSA. Two months later, that PSA test showed Baugher's level had gone up to 7.2. That triggered a biopsy, which found cancer in four out of five tissue samples.

A pathologist assessed Baugher's cancer as potentially aggressive, which convinced him to have a radical prostatectomy — surgical removal of the entire prostate gland. Fortunately, that surgery, done in October 2008, has not caused the side effects that men and their doctors dread.

So Baugher is happy he watched his PSA. "I think maybe the test did save my life," he says.

Redfern agrees: "In a couple of years, [the cancer] would have come to light in other ways and probably wouldn't have been curable."

Ablin agrees that Baugher represents the right way to use and interpret PSA — get a baseline test in middle age, check it periodically, don't rush to biopsy or treatment when the PSA level goes up.

But still, the 69-year-old Ablin has never asked his doctor to do a PSA test to screen him for cancer. And neither has Redfern.

It saved my life. It may have been a lucky thing, but it was a big deal for me.

- Brad Baugher

"I think the decision in my mind is really whether it's worth it to screen or not," the Portland doctor says. "And my assessment is the burden of harm outweighs the potential benefits, and I don't want to step onto that slippery slope. Every man has to make his own decision."

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Recent First 



Larry Rothfeder (LSR) wrote:

I'd like to take issue with this statement in your piece on PSA (in the audio, not the written text on your site). The reporter said, "There are still a whole lot of biopsies, surgeries and radiation treatments being performed based on a single PSA test."

I'm not a doc, but I know something about prostate cancer. Very few, if any, docs would recommend a biopsy based on a single PSA test. Most will at least repeat the test. And I am SURE that no doc would recommend surgery or radiation based on a single PSA test. They would at least have to have a positive biopsy first.

Monday, March 22, 2010 1:44:13 PM

[Recommend \(0\)](#)

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John Winbigler (ViennaExpat) wrote:

The PSA test (and a good urologist) saved my life. What more can I say?

Monday, March 22, 2010 1:06:03 PM

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Sam Aird (Samilcar) wrote:

A PSA test is just a tool like any other. If some misuse that tool, and as a consequence perform unnecessary surgery, that is no reason to ban the test. It simply means that more education is required to make proper USE of that tool.

Monday, March 22, 2010 11:42:42 AM

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John Scott (Nickynamey) wrote:

I found my cancer only because I had a biopsy on the basis of a rise in PSA to 7.7 from 5.0. This story creates the very mistaken impression that a decision to treat or remove the prostate is normally made on the basis of a PSA test alone. I doubt that any responsible urologist would recommend treatment lacking a positive biopsy. In my case the biopsy showed I had cancer with a gleason score of 8 (very high). By the way, biopsies can be done painlessly. I had my prostate removed as soon as possible at age 78. After he saw the pathology report, the surgeon said the prostate was full of cancer, meaning that any delay would have probably resulted in the cancer cells escaping from the prostate to other parts of my body and I would have been in a battle for my life. I chose surgery rather than radiation over the recommendation of my urologist because once radiation is used, surgery cannot be used if the cancer returns. I am continuing to get PSA tests because if there are cancerous prostate cells growing elsewhere they will eventually produce enough PSA to be detectable by a very sensitive test. I have passed my second anniversary with no sign of a return. I am very glad I had routine PSA tests added to my other blood tests. JWS

Monday, March 22, 2010 10:55:30 AM

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Reality Check (RealityCheckUSA) wrote:

My urologist says the PSA test is a waste of money. There are too many things that can cause the PSA to be high and some men with early prostate cancer will have normal a PSA. He uses digital exams followed up with ultrasounds and, if indicated biopsies. Detecting prostate cancer is easy. Curing it is not. Luckily, prostate cancer is usually a slow growing kind, but not always. It is still a leading killer of men. Yet very little funding has been allocated to develop better treatment options - options that don't leave most men incontinent an impotent.

Monday, March 22, 2010 10:38:13 AM

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Paul Stamsen (pjsfolks) wrote:

I am surprised that no mention was made of routine digital prostate examination. When my doctor found a suspicious area of my prostate (I was 65) the elevated PSA test became further evidence, which was followed by a biopsy. When that indicated a high Gleason Score — indicating and aggressive cancer — the decision to have surgery was much easier to make. My PSA tests have shown no re-occurrence for the past three years. Minor incontinence is a small price to pay.

Monday, March 22, 2010 9:58:56 AM

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Joe Shuren (joeshuren) wrote:

Peter Lewis wrote: "A recent US Preventive Services Task Force reviewed the data and recommended that routine testing should only be given to men over 75, and to those who show symptoms of prostate problems." It was probably a typo, as the task force actually recommended that screening NOT be given to those over 75, unless there is already elevated risk. (Medicare pays for PSA screening for all men, even over 75 now.) I would like to see a followup article reporting on those who choose to take finasteride to prevent prostate cancer. For which population is finasteride appropriate? What studies are being done to determine cost-effectiveness over the long term?

Monday, March 22, 2010 9:44:11 AM

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Peter Lewis (pembwl) wrote:

The US spends \$3 billion on PSA tests each year, and studies show that the test can detect 3.8% of cancers. However, PSA is not a measure of cancer, and in fact men with low PSA levels can have aggressive prostate cancer. A recent US Preventive Services Task Force reviewed the data and recommended that routine testing should only be given to men over 75, and to those who show symptoms of prostate problems. As the story discusses, the few tumors that the PSA test can detect can't identify the aggressive forms. PSA testing can't effectively detect prostate cancer and, more important, it can't distinguish between the two types of prostate cancer. That's why those who subscribe to evidence-based medicine are discussing the usefulness of the PSA test.

Monday, March 22, 2010 9:14:34 AM

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Robert Herman (Bagel_Bob) wrote:

Your feature on the PSA test missed a valuable opportunity to educate the public. It suggested that the numbers it produces are ambiguous. They are NOT. They seem so only because doctors and their patients have not learned to use the tool that MAKES them meaningful. The few specific numbers cited in this story say it all: a rise from 5.5 to 7.2 in two months is precisely what men DON'T want to see. This is not a "turtle". If the patient had waited for a whole year to track his 5.5 "alert", he would have greatly diminished his chances of having a good outcome.

The simple tool for monitoring and interpreting PSA costs nothing. Download a sheet of logarithmic graph paper at <http://www.printfreegraphpaper.com/gp/s3-i-14.pdf>. Change the lowest "1" to .1, the number "10" above it to 1, the next highest leave as 10 and the top "10" change to 100. The verticals represent 3-month time increments. Plot your PSAs very precisely, even when they are very low. If the dots create a straight line, get a good night's sleep. If several consecutive PSAs produce an upward curve, you've almost certainly got a cancer that DOES need attention. This need not be a guessing game.

Monday, March 22, 2010 8:53:41 AM

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spencer wendt (blk911) wrote:

Wow~! What a misleading story. You just GET the PSA done. Every year, when you get your check up. Period.

Do you do anything with the score is going up? That depends...but NO ONE does ANYTHING based on the PSA score. The next step on the flow chart if your score is climbing or the first test is a bit high? is a biopsy.

This is all the PSA is for " Do we need to look closer?.

When you are 49, the screening (PSA) is off the chart, you get the Biopsy and when it is 60% infiltrated with cancer, you get to choose -

"I have cancer it's growing and I think I'll sit on it a few years" or

"I have cancer, and it's coming out no matter what"...and you have surgery...

Then, when you are 54, well on the way to recovery, 90% in fact...

Tou thank God AND your ProkDoc that he said "Step in door 3 on your way out and let's take some blood"

(5 years ago...)

That is what the PSA is about...

jsw

Monday, March 22, 2010 7:52:15 AM

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