Last May, the U.S. Preventive Services Task Force triggered a firestorm of debate when it recommended against the prostate-specific antigen (PSA) test as a screen for prostate cancer. By discouraging PSA screening, they hope to diminish the harm caused by prostate cancer over-treatment. Unfortunately, they also risk delaying its diagnosis.

In her editorial responding to the controversy, Task Force chair Dr. Virginia Moyer summarized the committee’s findings with this sentence: “We can do better.” We at the Prostate Cancer Research Institute (PCRI), while disagreeing with the Task Force’s “D” rating of PSA, do agree with Dr. Moyer’s conclusion: We can, indeed, do better.

We can, for instance, do a better job of educating men on the optimal use of the PSA test. If men simply pause to think before rushing into a biopsy, they can:

1) Better determine the need for biopsy by determining the aggressiveness of the tumor with the PSA doubling time; and
2) Improve biopsy accuracy by locating the tumor beforehand with a multi-parametric MRI.

This is valuable information that improves biopsy outcomes and decreases the cost of care by improving the use of biopsy, the very things the USPS Task Force has asked us to do. However, all this recent controversy gives people an excuse to ignore a disease that affects one in six men and causes the death of 28,000 every year. The subject of prostate cancer already makes men uncomfortable. The controversy over the PSA test gives them one more reason to avoid a well thought-out action plan for their prostate health and screening.

The PCRI encourages men to learn about PSA screening in consultation with their physician. When PSA screening detects elevated levels, be prepared for this consultation by using the PCRI Helpline and other educational programs before proceeding to biopsy and treatment.

PCRI supports Rep. Marsha Blackburn in her efforts to pass HR 5998, a bill that would help Dr. Moyer’s team resolve controversies like this before they begin. The proposed bill would increase the accountability and oversight of the Task Force (to learn more about the bill and read the full text, visit http://www.opencongress.org/bill/112-h5998/show). You can take a position with us by sending me an e-mail at dfoster@pcri.org.

We at the PCRI encourage PSA use with wisdom, patience, education, healthy behaviors and careful health care choices. The PCRI stands in agreement with Dr. Moyer that together, we must do better.

I distinctly remember our lives before cancer.

Last year, we spent a beautiful October afternoon on the waterfront, celebrating my grandmother’s 80th birthday. Life felt good. I thought it would be a great time to get my family together to snap a photograph.

Looking back, I realize I was oblivious to the turn of events about to take place in our lives. Little did I know, our seemingly peaceful world was about to be turned upside-down and rocked at its core.

In an instant, our lives began to change. My mom and I were sitting by each other on the couch when my husband, Terry, walked in and sat between us. He explained that he had received a phone call from his physician regarding the results of blood work he had submitted the day before. She told him his PSA blood test was elevated at 17.2, and that he would need to see a urologist. She explained that it didn’t necessarily mean anything serious, but definitely warranted further investigation. Terry looked at me and said, “This could mean Prostate Cancer”. My first thought was, my husband is going to die. I saw our lives with our young children flash before my eyes.

I didn’t really know much of prostate cancer at the time. Coincidentally, I had read an article about the PSA screening controversy about one month prior. The article itself was interesting, but I quickly tucked it away mentally, thinking to myself, why would I need to know about prostate cancer, my husband was only 45 years old.

We saw Terry’s urologist, a great doctor with a calming disposition. He explained that a PSA of 17 was high for a man Terry’s age. It could mean cancer, or it could be something else. He performed a digital rectal exam (DRE) and we received a bit of good news: he didn’t feel a lump, but thought the prostate felt a tad firm, which may be suspicious. He gave Terry’s PSA two weeks to come down.

Two weeks later, Terry went back for a second PSA test. His doctor called him with the results, and explained that Terry’s numbers didn’t go down - in fact, they went up to 18 - and he would need a biopsy. Terry called me to break the news, and I broke down and cried. At this point, nothing was going our way.