

LETTERS

PROSTATE CANCER SCREENING

Study has major shortcomings

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Although Sandblom and colleagues' study is the longest follow-up to date of prostate cancer screening,¹ it has some major shortcomings.

(1) The group of men randomised to screening is small. Of the 1494 men, only 1161 participated in the initial screening (78%). Those who refused are apparently excluded from the intention to screen analysis, which is not correct in such analysis.

(2) Information on the sample size calculation is contradictory. In the methods section the sample size was calculated to allow assessment of the acceptance and feasibility of a prostate cancer screening programme. In the statistics section the study was designed to detect a plausible reduction of prostate cancer specific mortality within 20 years. Which is correct?

(3) Of the 85 prostate cancers diagnosed in the screening arm, 42 were detected as interval cancers. This implies ineffective screening by rectal examination during the first two screening rounds. These interval cancers, if you look at table 2, are likely to have a high adverse prognostic impact if their unfavourable stage and grade distribution and the imbalance in applied treatments are taken into account.

(4) Kaplan-Meier projections are used to present trial results on mortality as survival curves. The authors do not take account of the lead-time bias, which is inherent in this comparison of survival.

Competing interests: None declared.

1 Sandblom G, Varenhorst E, Rosell J, Löfman O, Carlsson P. Randomised prostate cancer screening trial: 20 year follow-up. *BMJ* 2011;342:d1539. (31 March.)

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