Canadian panel recommends against PSA screening

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The prostate specific antigen (PSA) test should not be used to screen for prostate cancer, the Canadian Task Force on Preventive Health Care has said. “Available evidence does not conclusively show that PSA screening will reduce prostate cancer mortality, but it clearly shows an increased risk of harm,” the task force said.

The task force is an independent panel established by the Public Health Agency of Canada to develop clinical practice guidelines for preventive services provided in primary care. The panel’s recommendations, which were based on a systematic review, were published online on 27 October by CMAJ, the journal of the Canadian Medical Association.1

“Unfortunately the PSA test is simply not an effective screening tool,” said Neil Bell, chair of the guideline working group and professor in family medicine at the University of Alberta in Edmonton. “Almost 20% of men aged 55 to 69 have at least one false positive [result], approximately 17% of them will have unnecessary biopsies, and over half of the detected cancers are overdiagnosed.”

He added, “Considering that PSA screening results in only a 0.1% reduction in death from prostate cancer, the harms associated with screening outweigh the benefits for most people.”

The task force recommended against PSA screening in men younger than 55 years of age and those 70 or older, characterizing this recommendation as “strong.”

For the younger age group the task force based its recommendations on “the low incidence of prostate cancer and prostate cancer mortality, and the lack of evidence for benefit of screening in this age group, as well as the evidence of harms.”

The recommendation for the older age group, men 70 or older, “reflects the lower life expectancy and the lack of evidence for benefit of screening in this age group as well as the evidence of harms,” the task force said.

“Clinicians should not routinely discuss screening with men in these age groups unless the topic is raised by the patient,” it recommended.

The task force also recommended against PSA screening for men aged 55-69, although it characterized its recommendation as “weak.”

“This recommendation places a relatively low value on a small and uncertain potential reduction in prostate cancer mortality, and a relatively higher value on the risk of a false positive result, unnecessary biopsies, overdiagnosis of prostate cancer, and harms associated with unnecessary treatment,” the task force said.

The task force acknowledged that some patients in the 55-69 age group would still want to be screened. “With these patients, clinicians may wish to discuss the benefits and harms of screening with the patient so that he can make an informed decision about whether to be screened,” the task force said. To help patients make an informed decision, the task force has developed decision aids that are available online (www.canadiantaskforce.ca).

The task force’s recommendations apply to men in the general population, including men with lower urinary tract symptoms, such as nocturia, urgency, frequency, and poor stream, and those with benign prostatic hyperplasia. “About 25% of men in the screening trials had lower urinary tract symptoms, and benign prostatic hyperplasia is not a risk factor for prostate cancer,” the task force noted.

The recommendations do not apply to the use of the PSA test for surveillance after diagnosis or treatment of prostate cancer. That task force found no trial data that indicated that the benefits or harms of screening men at high risk of developing prostate cancer, such as black men and men with a family history of prostate cancer, differed from those seen in the general population. “Clinicians may wish to discuss the benefits and harms of screening with men at increased risk of prostate cancer, with explicit consideration of their values and preferences,” the task force said.


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