# PSA Screening Often Unnecessary in Elderly Men

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CHICAGO — Despite recommendations to the contrary, prostate-specific antigen screening is being performed in many elderly men who are not in good health and have limited life expectancies.

That conclusion was drawn from an analysis of data collected during a cohort study of 597,824 veterans aged 70 years and older who were seen at 104 Veterans Affairs medicalcenters in 2002 and 2003. The subjects did not have a history of prostate cancer, elevated prostate-specific antigen (PSA) levels, or prostate symptoms.

Most guidelines recommend that PSA screening not be performed in elderly men with a life expectancy of fewer than 10 years—most of those over age 80 years, and men aged 70 years or older in poor health—because the known harms outweigh the potential benefits, Dr. Louise Walter and her associates said at the annual meeting of the American Geriatrics Society.

PSA levels are often inaccurate, leading to unnecessary biopsies due to false-positive results. This can cause psychological distress and treatment of irrelevant cancers, which may lead to incontinence or impotence, said Dr. Walter, of the geriatrics division at the University of California, San Francisco, and staff physician at the San Francisco VA Medical Center.

The mean age of the men in the VA-supported study was 77 years, and 333,041 (56%) had a PSA test performed in 2003. Health status was measured with the Charlson-Deyo index using 2002 VA and Medicare claims. The men were stratified into three groups, from best health (score of 0) to worst health (score of 4 or more).

PSA screening rates decreased significantly with advancing age, ranging from 64% in men aged 70-74 years to 27% in men aged 90 or older. But screening rates did not decline with worsening health, she said. Among men aged 85-89 years, 36% in the best-health group had a PSA test, compared with 37% in the worst-health group.

Although men aged 80 years or older in the worst health have less than a 10% chance of living 10 years, 11,391 (41%) of these men had a PSA test. ■



# PSA of 3 ng/mL Warrants Biopsy Without Retest

ATLANTA — A single prostate-specific antigen screening measurement of 3 ng/mL or higher is sufficient to justify a biopsy of the prostate without a repeat measurement of the PSA, researchers reported at the annual meeting of the American Urological Association.

Traditional wisdom has been that the serum PSA, if elevated, should be measured again before biopsy, on the theory that PSA levels could normalize before the second test. This premise is not valid, said Dr. Freddie C. Hamdy, head of urology at Sheffield (England) University.

**Cancer could be missed in 8.1% of men biopsied after a PSA level of 3 ng/mL or higher that later normalized.**

**DR. HAMDY**

He reported data from the ongoing Prostate Testing for Cancer and Treatment (Protect) study, a large randomized controlled trial in the United Kingdom. The study is scheduled to complete recruitment in 2008.

He and his associates analyzed the value of a repeat PSA test in 7,383 asymptomatic men aged 50-69 years during the feasibility phase of the Protect study. PSA testing was done between 1999 and 2001. Of the men, 723 (10%) had a PSA level of at least 3 ng/mL. All of these men were biopsied after the first PSA test, and 224 (31%) were found to have cancer. Repeat PSA measures were performed, but it was the first measure that triggered the biopsies.

If the criterion of PSA normalization had led to deferred biopsy, prostate cancer would have been missed in 8.1% of men biopsied after a PSA level of 3 ng/mL or higher and in 11.1% of men biopsied after a PSA level of 4 ng/mL or higher.

**—Fran Lowry**