The Project to End Prostate Cancer

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The United States Preventive Services Task Force draft recommendation statement on prostate cancer testing is a disservice to all men particularly men who are at most risk of suffering and dying from prostate cancer. ZERO – The Project to End Prostate Cancer, representing prostate cancer patients and their families from across the United States, urges the Task Force to reconsider the 'D' recommendation for prostate cancer. The solution to the current controversy lies in discovering better diagnostic tools in the future and educating men and their doctors about prostate cancer and the personally appropriate means for dealing with a diagnosis.

Prostate cancer kills more than 30,000 men every year and will kill an estimated 33,720 men in 2011. The Task Force is recommending against the use of the PSA test for early detection of prostate cancer for men who "do not have symptoms…regardless of age, race, or family history." The recommendation to abandon the PSA test as a useful tool for early detection of prostate cancer will put thousands more men at risk for suffering from late-stage disease and death. The draft recommendation may also severely hamper a man's ability to get a baseline test before the age of 50, which is often important when monitoring high-risk individuals.

Early prostate cancer usually has no symptoms. With more advanced disease, men may experience weak or interrupted urine flow; inability to urinate or difficulty starting or stopping the urine flow; the need to urinate frequently, especially at night; blood in the urine; or pain or burning with urination. Advanced prostate cancer commonly spreads to the bones, which can cause pain in the hips, spine, ribs, or other areas.

Once cancer metastasizes (spreads to other parts of the body), there is no treatment that can stop it. There are only therapies that can reduce pain and extend life. The survival rate for metastasized prostate cancer is 28.7 percent, compared to nearly 100 percent for localized and regional disease.

Since the use of the PSA test began in the mid-1990s, more cases of prostate cancer are detected before the cancer metastasizes, resulting in fewer men dying from the disease. Additionally, better tests are on the horizon that hopefully will enable doctors to distinguish between aggressive and indolent disease, and improving the decision-making process after initial detection of prostate cancer.

The Task Force draft recommendation states, "The evidence is convincing that prostate biopsy causes fever, infection, bleeding, and transient urinary difficulty in some men (about 68 events per 10,000 biopsies), as well as pain." This is less than 1 percent of men who get biopsies.

The Task Force continues to present evidence that five in 1,000 men will die within one month of prostate cancer surgery and between 10 and 70 will have complications but survive. This is 0.5 percent and 7 percent respectively.

In a poster session at the American Society of Clinical Oncology annual meeting in June 2011, Solo et al. constructed a model that allows them to estimate the number of men living with differing stages of localized and more advanced prostate cancer in the U.S. as of 2009. Their

simulation estimated that more than 62,000 men were living with symptomatic, metastatic castrate-resistant prostate cancer in first or second line chemotherapy. Further, their work showed that between 30 and 50 percent of those men face an annual mortality hazard.

The Task Force states, "Even for those men whose screen-detected cancer would otherwise have been later identified symptomatically, a high proportion experience [treatment related adverse events], and thus are subjected to the harms of treatment for a much longer period of time." Not only is this misleading because suffering from advanced prostate cancer is painful and debilitating, it also ignores new treatment technologies and methods that have emerged in the past 10 years that are improving men's quality of life after prostate cancer treatment.

By drafting this recommendation, the Task Force has ignored the effectiveness of the PSA test in identifying prostate cancer in men who are at the highest risk of the disease, especially in the African American community where prostate cancer is particularly deadly. Rather than adding clarity to the issue of prostate cancer testing, this recommendation further confuses the issue and will discourage an already under-served community from getting potentially life-saving information or having a meaningful discussion with their medical provider. Until a test that can provide more specificity to the diagnosis of prostate cancer, we should focus on improving the patient/physician communication system. The failure of the medical community to provide adequate assets and counsel to its patients should not be taken-out on the patient, but should embolden the medical community to make significant changes in communicating and educating its patients.

On behalf of prostate cancer patients across the country, ZERO urges the Task Force to reconsider this 'D' recommendation and continue with the 'I' statement previously issued for men under the age of 75. The PSA test is a valuable tool for early detection of prostate cancer and men have the right to decide with their doctor if they want to be tested and/or treated. No doctor in America has called this a cancer test and to classify it as such is misinforming the American public.

Thank you for your time and consideration of our comments.

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