



November 8, 2011

Dr. Robert Cosby
c/o USPSTF
540 Gaither Road
Rockville, MD 20850

Re: USPSTF Proposed Recommendation Statement on Screening for Prostate Cancer

Dear Dr. Cosby,

Women Against Prostate Cancer (WAPC) welcomes the opportunity to offer comments on the United States Preventive Services Task Force (USPSTF) draft recommendation statement concerning PSA screening for prostate cancer.

We find these recommendations highly troublesome. Since the use of PSA began in the early 90's deaths from prostate cancer have gone down. According to information from the Surveillance Research Program at the National Cancer Institute mortality for prostate cancer has declined nearly 40% between 1994 and 2007, from 38.5 to 23.5 deaths per 100,000. And models have suggested that between 45% and 70% of the mortality decline observed in the 1990s could be attributed to the shift in stage of diagnosis induced by screening.

We know that prostate cancer still kills over 32,000 men each year. A "D" recommendation against screening will discourage men from having an informed discussion with their physicians about whether they should consider prostate screening given their individual risk.

We strongly believe that PSA testing in combination with a digital rectal exam, when properly translated, can be an important tool in helping to diagnose prostate cancer. While we remain very hopeful about the promise of new and better biomarkers that are in the pipeline to help accurately diagnose and discern between aggressive and non-aggressive prostate cancers, PSA is the best tool we have right now.

As you may know, early prostate cancer often has no symptoms and if we wait until men start to see symptoms for prostate cancer then it is likely that the cancer will be detected in its advanced stages when treatment is less likely to be effective. We are particularly concerned about the danger this poses for men who are known to be at high risk for prostate cancer including African American men, men with a family history, and men exposed to Agent Orange.

More education is needed to let men know that not all prostate cancers are aggressive and that a man can choose to treat or utilize active surveillance, but a man has a right to know if he has cancer in order to make an informed decision on how to move forward.

We agree that PSA screening has its flaws however we must continue to encourage men and their loved ones to engage in an informed discussion with their doctor about whether PSA screening is appropriate for them, especially men who are at high risk.

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