

Less Prostate Cancer Screening Tied to More Advanced Diagnoses

States with greater decreases in prostate cancer screening saw more diagnoses of metastatic cancer.

March 12, 2021 By [Sukanya Charuchandra](#)

Lower prostate cancer screening rates appeared to correlate with the recent bump in diagnosis at more advanced stages of disease, according to findings presented at the 2021 ASCO Genitourinary Cancers Symposium.

The 2008 and 2012 U.S. Preventive Services Task Force guidelines did not recommend prostate-specific antigen (PSA) testing for men of any age. But [guidelines](#) updated in 2018 recommend that men between ages 55 and 69 make an individual decision in consultation with their doctor; screening is not recommended for men over 70.

“This study suggests that reduced PSA screening may come at the cost of more men presenting with metastatic prostate cancer,” Robert Dreicer, MD, of the University of Virginia Cancer Center, said in an [ASCO press release](#). “Patients should discuss the risks and benefits associated with PSA screening with their doctor to identify the best approach for them.”

Vidit Sharma, MD, of the University of California, Los Angeles, and colleagues explored the relationship between PSA testing and metastatic prostate cancer diagnosis.

The researchers used age-adjusted prostate cancer incidence data from the North American Association of Central Cancer Registries between 2002 and 2016 for every state in the country. They also used information on screening estimates from the Behavioral Risk Factor Surveillance System. They focused on men who were at least 40 years old.

From 2008 to 2016, the average proportion of men screened for prostate cancer dropped from 62% to 51%. During the same period, the average number of men diagnosed with metastatic prostate cancer rose from 6.4 to 9.0 per 100,000 men.

Across states, the researchers saw a significant difference in both these measures. For PSA screening, the values ranged from 40% to 70%, while the age-adjusted incidence of metastatic prostate cancer at diagnosis ranged from 3.3 to 14.3 per 100,000 men.

The team found that drops in PSA screening were linked to a rise in metastatic prostate cancer diagnoses, based on statistical modeling. Moreover, states that had larger declines in testing also had greater increases in advanced prostate cancer diagnoses.

“The variation between states is one of the precise strengths of our study,” said Sharma. “The magnitude of decreased PSA screening was correlated to the magnitude of increased metastatic disease, suggesting that there may be a link at population level.”

In the future, the researchers intend to examine the relationship between lower screening rates and mortality.

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