



Prostate cancer and the PSA test

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Prostate cancer affects men

over the age of 50, and most often those over age 70. Rare before 50, the risk of this cancer increases directly, and rapidly, with age. While all cancers are serious, this one can be more benign than other types.

The prostate is a gland located between the bladder and rectum in men; it produces semen. The odd thing is that a majority of tumours, especially in older men, remain small and develop very slowly, or not at all. Nor do they spread or cause symptoms. It turns out that far more men die ‘with’ prostate cancer than ‘from’ it. Autopsy studies have shown that one-third of men in their forties and fifties, and three-quarters over 85, had prostate cancer when they died, and never knew it (they died from something else). In other words, they died ‘with’ prostate cancer, not ‘from’ it.

Finding prostate cancer generally involves three levels of testing. First, a digital rectal exam, where the doctor feels the prostate through the rectum to find hard or lumpy areas (nodules). This can be followed by a blood test to detect a protein made by the prostate called ‘prostate-specific antigen,’ or PSA. When used together, these tests can detect abnormalities that might suggest prostate cancer. In case of a positive result, the only way to confirm cancer is with a biopsy where extracted cells are examined under a microscope.

The PSA test was initially used starting in the 1980s as a tool to monitor the progress of men already diagnosed with prostate cancer. Later, it became THE routine screening test for all men over 50 in hopes of early detection.

The PSA test can detect cancer early on, but it can also detect a variety of other conditions that have nothing to do with cancer. Elevated PSA may indicate cancer, but it is equally likely to signify any of several other ailments such as prostate disorders like infection or benign enlargement. It can’t tell why levels are elevated without a biopsy.

Even if it identifies cancer, the PSA test saves few lives and often leads to treatment that can increase complications of its own. U.S. data shows that about a third to a half of men are treated for cancer that was never going to harm them end up suffering adverse effects like erectile dysfunction or urinary incontinence; about 1 in 200 will die from surgical complications.

The risks of PSA testing includes false negatives and positives. A low PSA test does not mean there is no prostate cancer; a high one does not mean that there is. The stress and worry over ‘false’ results cause their own problems. Follow-up testing with biopsy causes its own pain and very rarely, infection. And one of

the most concerning results is over-diagnosis and treatment whereby a cancer is found that would never had become clinically apparent, and treated though it would

never have been a problem in that man’s lifetime.

Over-diagnosis and treatment: Detection of cancers that would not otherwise have become clinically apparent which could lead to treatment of a prostate cancer that may not have been a problem for a man in his lifetime.

For these reasons, among others, the PSA test is no longer used or recommended as a general, population-wide screening tool. The decision to have one falls to the individual in consultation with his doctor.

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