



American
Urological
Association

NEWS

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AUA STATEMENT ABOUT PROSTATE-SPECIFIC ANTIGEN TESTING

The statement below is attributable to Dr. John Barry, president of the American Urological Association. This statement is being issued in response to two studies recently published in the New England Journal of Medicine about prostate-specific antigen (PSA) testing.

The American Urological Association has read with great interest the coverage surrounding the two studies about prostate-specific antigen (PSA) testing recently published in the *New England Journal of Medicine*, and is concerned about the alarm these two studies have raised with patients. The decision to screen for prostate cancer is a personal one that a man should make in conjunction with his physician or urologist. Because most cancers need to be caught in their earliest stages to achieve the best outcome for the patient, disparaging the PSA test puts men – particularly with certain risk profiles – at risk for life-threatening disease. Prior to the use of the PSA test, tumors were found mostly in advanced - and less treatable - stages, giving patients far fewer options for treatment. These studies, as well as the 2008 United States Preventive Services Task Force recommendation that men stop PSA testing after the age of 75, have potential for harm if they are not explained clearly to patients or reviewed in the context of the full debate on PSA. It is the opinion of the AUA that the PSA test is a valuable screening tool that saves lives – and men with concerns about elevated PSA scores should consult their urologists about next steps.

These two studies do not clearly assert that PSA testing causes more harm than benefit. In one of the two studies, 52 percent of men in the “non-screened” arm had recent PSA tests, thus enriching the non-screened arm with men who had normal PSA levels and reducing the chance for prostate cancer death in this arm of the study. This means that more than half of the men in the non-screening arm of the study were screened, making it difficult to demonstrate a difference. In the other study, there was actually a 20 percent reduction in death from prostate cancer with a relatively short follow-up of only nine years. This is an important point. The benefit of screening may not be demonstrable until significantly longer follow up is reached for both trials. These studies therefore do not lead to the conclusion that PSA screening should be abandoned.

Men who are concerned about these studies should talk with their urologists about their particular risk profile and whether regular PSA testing is best for them.

The AUA is presently finalizing a new Best Practice Statement about prostate-specific antigen testing that will be unveiled during our upcoming Annual Meeting. These studies are being addressed in more detail in the Statement, but **do not** change the AUA’s position that PSA is a valuable screening tool and should be appropriately offered to men. This document will be made available to the public in April.

About the American Urological Association: *Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is the pre-eminent professional organization for urologists, with more than 16,000 members throughout the world. An educational nonprofit organization, the AUA pursues its mission of fostering the highest standards of urologic care by carrying out a wide variety of programs for members and their patients.*