



NEWS

FOR IMMEDIATE RELEASE

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AUA RELEASES STATEMENT CLARIFYING PROSTATE CANCER TESTING RECOMMENDATIONS

LINTHICUM, MD, November 2, 2009—The American Urological Association (AUA) is aware of recent news reports disparaging prostate cancer testing. We are concerned that these reports are causing significant confusion for patients and we wish to clarify our recommendations on prostate cancer testing with the prostate-specific antigen (PSA) test and digital rectal exam (DRE). The AUA strongly supports early prostate cancer detection and feels it is in a man's best interest to consider being tested for prostate cancer.

Prostate cancer is most treatable when caught early. Men ages 40 and older should be offered a baseline PSA test and DRE for early detection and risk assessment. The future risk of prostate cancer is closely related to a man's PSA score; men who are screened at 40 establish a baseline PSA score that can be tracked over time. The AUA strongly supports informed consent, including a discussion about the benefits and risks of testing, before screening is undertaken.

According to the American Cancer Society (ACS), prostate cancer is the most common non-skin cancer affecting men in the United States. One in six men will be diagnosed with prostate cancer in his lifetime—more than 192,000 in 2009. It is the second leading cause of cancer death in American men.

Prior to the emergence of PSA testing, only 68 percent of newly diagnosed men had cancer localized to the prostate and 21 percent had metastatic disease. Today, more than 90 percent of these men have cancer confined to the prostate and only 4 percent have cancer that has spread to other areas of the body. U.S. deaths from prostate cancer have decreased by 40 percent over the past decade – a greater decline than for any other cancer. While the PSA test may be limited because it does not indicate whether a cancer is aggressive, the test provides important information in the diagnosis, pre-treatment staging or risk assessment, and monitoring of prostate cancer patients. It has allowed millions of men to make informed treatment decisions that may have saved their lives.

The controversy over prostate cancer should not surround the test, but rather how test results influence the decision to treat. The decision to proceed to prostate biopsy should be based not only on elevated PSA and/or abnormal DRE results, but should take into account multiple factors including free and total PSA, patient age, PSA velocity, PSA density, family history, ethnicity, prior biopsy history and comorbidities.

A cancer cannot be treated if it is not detected. Not all prostate cancers require immediate treatment; active surveillance, in lieu of immediate treatment, is an option that should be considered for some men. Testing empowers patients and their urologists with the information to make an informed decision.

The above statement may be attributed to AUA Past President John M. Barry, MD. The AUA Best Practice Statement on Prostate-Specific Antigen can be viewed here:

<http://www.auanet.org/content/guidelines-and-quality-care/clinical-guidelines/main-reports/psa09.pdf>.

***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.*

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