

PUT TO THE TEST

If routine testing for prostate cancer saves lives, why does the Ministry of Health discourage it?

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The Ministry of Health's reluctance to recommend early screening for prostate cancer is costing up to 200 men their lives every year.

That's the opinion of prostate cancer specialists Professor Brett Delahunt and Dr David Lamb from the Wellington School of Medicine, who are frustrated by indications that the National Health Committee looks likely to reconfirm its advice to GPs to discourage routine testing for prostate cancer, unless patients have symptoms.

"It's bizarre," says Delahunt. "By the time symptoms appear, the cancer has spread beyond the prostate gland in nine out of 10 cases. Yet it is one of the few cancers that can be indicated with a simple blood test.

"While the Ministry of Health waits for the results of large-scale randomised trials, which will tell us precisely what is already patently obvious - that early detection saves lives - men are dying.

" Prostate cancer is the second most common form of cancer in males. In New Zealand it affects about 3000 men every year, about 600 of whom will die from it, and because it is a disease that rarely appears before middle age, its incidence is rising as men live longer.

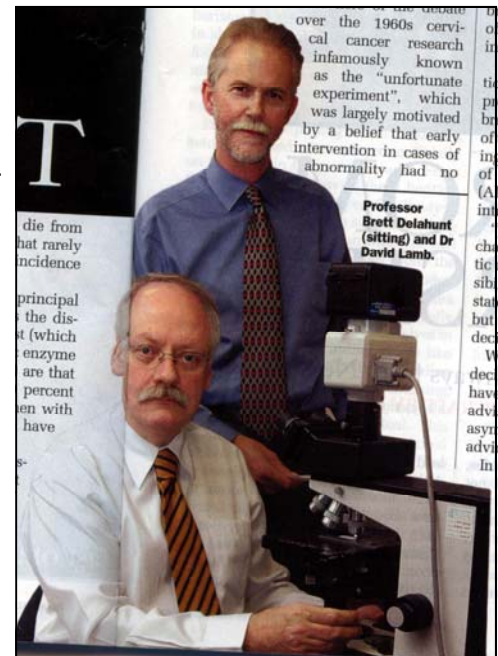
Dr John Childs, the ministry's principal adviser for cancer control, says the disadvantages of the PSA blood test (which measures the levels of a specific enzyme produced in the prostate gland) are that the test may miss cancer in 10 percent of men - and only one in 10 men with a positive test will turn out to have prostate cancer anyway.

Childs also says that the disease grows so slowly that most men die with it rather than of it; that treatment may do more harm than good by reducing the patient's quality of life; and that there is no conclusive evidence that PSA testing reduces mortality.

(For "quality of life" read sexual potency. Some treatments can cause erectile dysfunction, but new methods are reducing this side effect to negligible proportions. In any case - though the advertisements would have people believe otherwise - many men over 65 are not sexually active and few would consider sex worth dying for.)

As for the claim that PSA testing does not reduce mortality, in the past few years an 11-year clinical trial involving 45,000 men in Quebec found that it reduced mortality by 62 percent; a voluntary free-testing trial in the Austrian Tyrol reduced it by a third; and in several countries where screening has been encouraged, falling mortality rates testify to the efficacy of early detection.

"Recent evidence indicates that screening saves lives," says Delahunt. "Therefore, the default should be encouraging men to be tested, not discouraging them." The ministry continues to insist, however, that the evidence doesn't stack up. The Quebec study needs cautious interpretation, it says, because most experts found it inconclusive; and trials similar to the Australian one in Canada, the UK and the US did not show a fall in mortality.



Professor Brett Delahunt (sitting) and Dr David Lamb.

There are echoes here of the debate over the 1960s cervical cancer research infamously known as the "unfortunate experiment", which was largely motivated by a belief that early intervention in cases of abnormality had no effect on survival and by the desire to therefore spare women unnecessary and painful treatment that wouldn't affect the outcome of the disease. Thirty women died from cervical cancer that should have been - would have been - treated had the women known of the risks and been able to decide for themselves.

In the case of prostate cancer, comparable situations exist for younger men who have been diagnosed with it and for those with a family history of the disease.

As Lamb points out, "If you are 80 and diagnosed with a disease that could take 15 years to develop, it doesn't matter. If you are 50 it does. And some prostate cancers advance very rapidly. It is ethically untenable that we could allow men to be walking around with a treatable disease and do nothing to alert them." Similarly, the risks of prostate cancer increase dramatically if there's a family history.

"The normal risk is 10 percent," says Delahunt, "but with one close relative that doubles; with two relatives it increases to 50 percent and with three it is not a matter of if but when.

"For those people, the risks of developing prostate cancer are considerably greater than the more common risks of heart disease and diabetes, but few people are aware of it. Fortunately, the Prostate Cancer Foundation is doing a brilliant job of disseminating this sort of information, so people can make informed choices."

Neither the specialists nor the foundation are advocating a national screening programme similar to the cervical and breast cancer programmes: not because of the cost but because systematic screening would be premature before the results of the large randomised trials come in. (Although cervical cancer screening was introduced without such trials.)

"We'd rather see," says Lamb, "a change in attitude away from paternalistic medicine and have men take responsibility for their health; it's not up to the state to make health decisions for people but to give them the information to make decisions for themselves."

While Childs agrees that men should decide for themselves whether or not to have the test, the ministry website clearly advises against routine screening for asymptomatic men and notes that this advice "applies to men of all ages".

In the case of men, though, it seems that the best bet is to keep women informed. Recent Australian research suggests that, as women take primary responsibility for organising the family's medical health, information should be targeted at them.

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