

Re: "Screening" tests

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From: Leonard Evens (len_at_math.northwestern.edu)

Date: 07/06/04

Date: Tue, 06 Jul 2004 12:51:24 -0500

George Conklin wrote:

> *"Leonard Evens" <len@math.northwestern.edu> wrote in message*
> *news:vYOdndo5RP_yJHfdRVn-hQ@comcast.com...*

>

>> *George Conklin wrote:*

>>

>>> *"Robert" <Robert@hotmail.com> wrote in message*

>>> *news:10eki89hu42t20e@corp.supernews.com...*

>>>

>>>

>>>> *"George Conklin" <georgeconklin1@earthlink.net> wrote in message*

>>>> *news:l5mGc.6040\$R36.1224@newsread2.news.pas.earthlink.net...*

>>>>

>>>>

>>>>> *"Beachhouse" <sendnomail@please.com> wrote in message*

>>>>> *news:ccc22u\$13a2\$1@snode25.nerdc.ufl.edu...*

>>>>>

>>>>>

>>>>>> *"George Conklin" <nilknoc@earthlink.net> wrote in message*

>>>>>> *news:ywfGc.8957\$yy1.1196@newsread2.news.atl.earthlink.net...*

>>>>>>

>>>>>>

>>>>>>> *You could have written the same comment to women about HRT. Then*

>>>>

>>>>> *the*

>>>>

>>>>

>>>>>>> *women got the real science done and they found treatments which were*

>>>>>>> *supposed to overcome health problems ended up CAUSING them.*

>>>>

>>>> *Prostate*

>>>>

>>>>

>>>>>>> *cancer*

>>>>>>>

>>>>>>>

>>>>>>>> *treatments are still undergoing evaluation which is a crime because*

>>>>>

>>>>*this*
>>>>
>>>>
>>>>>>*should have happened before widespread use of PSA. PSA is a test*
>>>>>>
>>>>>>*chasing*
>>>>>>
>>>>>>
>>>>>>*a*
>>>>>>
>>>>>>
>>>>>>>*market, pushed on by fear at the current time.*
>>>>>>>
>>>>>>>
>>>>>>>
>>>>>>>*what we are missing is a non-invasive screening test for prostate*
>>>>>>>
>>>>*cancer*
>>>>
>>>>
>>>>>>>*that will give the clinician information on not only the likelihood*
>>>>>>>
>>>>*that*
>>>>
>>>>
>>>>>>>*the*
>>>>>>>
>>>>>>>
>>>>>>>*patient truly *has* prostate cancer, but also the likelihood that it*
>>>>>>>
>>>>>>>*will*
>>>>>>>
>>>>>>>
>>>>>>>>*become invasive... that's why many groups (american college of*
>>>>>>>>
>>>>>>>>*physicians,*
>>>>>>>>
>>>>>>>>
>>>>>>>>>*u.s. preventive services task force) do not advocate routine PSA"s for*
>>>>>>>>>
>>>>>>>>>*the*
>>>>>>>>>
>>>>>>>>>
>>>>>>>>>>*general population... (family history of prostate cancer excepted..).*
>>>>>>>>>>
>>>>>>>>>>*The*
>>>>>>>>>>
>>>>>>>>>>
>>>>>>>>>>>*current P.S.A. is a suboptimal test.*
>>>>>>>>>>>
>>>>>>>>>>>

>>>>>>
>>>>>>
>>>>>
>>>>> *Of course, we still know that every man who reaches 80 can test*
>>>
>>>>*positive*
>>>
>>>
>>>>>*for prostate cancer, and probably a lot more others besides. What we*
>>>
>>>>*also*
>>>
>>>
>>>>>*do not yet know is if current treatments such a surgery really do add*
>
> *to*
>
>>>>>*life expectancy. We hope so, but no one has looked yet, after 100*
>>>
>>>>*years.*
>>>
>>>
>>>>>*When someone has cancer at 80 years old I don't know what you mean by*
>
> *life*
>
>>>>>*expectancy as it means nothing at that age.*
>>>
>>>
>>> *This is a totally igornant comment. Every male will test postive by*
>
> *age*
>
>>>*80. That does not mean a thing about life expectancy, zilch.*
>>
>>*Again, I ask for a reference. Your statement is not very precise, but*
>>*we have to presume we are talking about living men, and that they are*
>>*tested by some specific method. There are two tests in common use, but*
>>*they are used together. Do you mean that every man past 80 will have a*
>>*PSA result above a certain level? I don't think that is true. But in*
>>*any case, a PSA test by itself does not lead to a diagnosis of prostate*
>>*cancer. So are you saying that a biopsy on a man past 80 will always*
>>*come up with a diagnosis of prostate cancer? That is certainly not true.*
>>
>
>
> *It has been known for at least half a century from work on cadavers that*
> *men over 80 have cancers of the prostate which can be easily seen.*

Reference? I've examined abstracts on autopsy results with Medline, so I'm aware of what at least some autopsy studies show. Are you? Also,

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you said ALL men over 80 would be diagnosed with prostate cancer. Are you backing away from that statement? Also, you don't address the issue I raised that finding cancer on autopsy is not the same as diagnosing it clinically.

> *Some*

> *physicians today say they will test a man over 80 only if he brings BOTH his*
> *parents with him to the office visit. No joke.*

Whether or not a man should be treated for early prostate cancer depends on his life expectancy. The rule followed by urologists is not to treat aggressively in a man with a life expectancy under 10 years. A few men over 80 would qualify, but most wouldn't. Patrick Walsh, the arch enemy from your point of view, says in his book that PSA testing for men over 80 is questionable.

I think we can agree that generally men over 80 should not get PSA tests. If a positive DRE or other evidence of prostate cancer shows up, in the great majority of cases, such men should be treated by watchful waiting, followed by hormone therapy if needed.