

## **“U.S. Preventative Services Task Force Recommendations are Dead Wrong”**

*Midtown Urology Physicians are firm in their opposition of USPSTF’s recently released recommendations, that men should no longer receive PSA tests as part of their routine screening, as their expertise is supported by countless saved lives.*

**May 31, 2012** - [PRLog](#) -- By:

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The U.S. Preventative Services Task Force’s (USPSTF) recently released draft recommendations against routine prostate cancer screening is not only puzzling and troublesome, but contradictory to their mission, which includes “improving the health of all Americans...and empowering them and the clinicians who serve them.” Prostate cancer is the second most common form of cancer among American men, and to suggest that the risks of testing outweigh the benefits of conducting the exam is medically and morally irresponsible. The recommendations could undermine advances in detecting and treating prostate cancer early. Instead of moving forward, we are moving 10 steps in the opposite direction.

The basis of the prostate screening controversy is entirely linked to the patient’s right to know. Although, the prostate specific antigen test (PSA) and the Digital Rectal Exam (DRE) are not without fault in the diagnosis of prostate cancer, they are the best we have at this time. The premise of the USPSTF to turn a blind eye by discouraging patients’ knowledge is eerily tangential to past experiments in the medical community — The Tuskegee Experiment.

The main premise of the USPSTF recommendation is that we overtreat prostate cancer resulting in undesirable side effects. It is our feeling that it is not the diagnosis of the disease that has led to these side effects, but the overtreatment of the disease which should be the basis of our discussion. As Dr. William J. Catalona, developer of the PSA test, stated, the draft recommendation failed to mention that patients should be treated and informed about all of the options, and seek physicians for treatment with the fewest side effects. Denying a population’s basic right of knowledge erodes their faith in the healthcare delivery system. We should not turn a blind eye to a problem that clearly exists.

In general, men are far less likely to follow through on doctors’ appointments. The recently announced USPSTF guidelines provide them further justification to avoid seeking basic medical care. Moreover, despite their increased risk for diagnosis and death from prostate cancer, the USPSTF also proposes no potential benefits for screening in older men, African-American men, and men with a family history of prostate cancer. I strongly disagree.

The key to the successful treatment of any cancer is early diagnosis. Equally supported by the American Urological Association (AUA), PSA testing saves lives. And to get that early diagnosis, patients must do their due diligence and healthcare providers must do theirs.

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Industry [Health](#), [Government](#)  
Tags [Uspstf](#), [Prostate Cancer Screening](#), [Psa](#)  
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