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FOR MORE INFORMATION

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In Light of Recent Study, LUGPA calls on USPSTF to Reconsider PSA screening

LUGPA recommends testing for prostate-specific antigen in official guidance

Washington, D.C. – With the results of the largest randomized prostate cancer screening trial in the world providing proof that PSA screening saves lives from prostate cancer, LUGPA is calling on the U.S. Preventive Services Task Force (USPSTF) to reconsider its decision not to include prostate cancer among its recommended screenings.

Updated results from the European Randomized Study of Screening for Prostate Cancer (ERSPC) show a significant survival advantage with prostate-specific antigen (PSA) screening for men from 50 to 75 years. The study, which began 20 years ago, was a randomized study of more than 180,000 men, only half of whom underwent regular PSA testing. The original ERSPC evaluation was not given sufficient weight in the first analysis by USPSTF, despite multiple organizations calling on them to do so.

“The exhaustive data show what we at LUGPA have known for years; that PSA is a safe, effective tool for catching prostate cancer in its early stages and saving lives in the process,” said Dr. Juan Reyna, president of LUGPA. “In light of 17 percent of the nation’s GDP going to healthcare, leadership at the organization is urging the government to make public health decisions that save money overall. This study proves that PSA screening is not only more ethical, but will result in saving healthcare dollars in the long-term. It is a win-win for the patient and country as a whole.”

Currently, LUGPA has implemented a campaign, called “Your Numbers Matter,” to help its member urology practices better inform communities on the safety and efficacy of PSA screenings along with other health diagnostics that are important for men to consider as they age.

LUGPA’s official guidance on PSA testing reads as follows:

- Risks of prostate cancer screening must be uncoupled from risks of prostate cancer detection and treatment.
- PSA testing facilitates the early detection of prostate cancer, which results in a reduced risk of being diagnosed with or developing locally advanced and/or metastatic prostate cancer, and a reduction in prostate cancer-specific mortality.
- A baseline serum PSA level should be obtained in men in their 40s who have made an informed decision to pursue early detection of prostate cancer.
- Intervals for an individual's prostate cancer screening should be adapted to: baseline PSA, prostate cancer risk factors (including African-American heritage and a family history of prostate cancer), and the potentially short preclinical timeline of aggressive cancers.
- PSA screening should be offered to men with a life expectancy of greater than or equal to 10 years, regardless of age.
- PSA testing should not be considered on its own, but rather as part of a multivariable approach to early prostate cancer detection.

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About LUGPA

LUGPA represents 121 large urology group practices in the United States, with more than 2,000 physicians who make up more than 20 percent of the nation's practicing urologists. LUGPA and its member practices are committed to best practices, research, data collection and benchmarking to promote quality clinical outcomes. For more information, visit lugpa.org.