4-3-2021

Reply to Letter to the Editor Re: Generalizability of prostate-specific antigen (PSA) screening trials in a "real world" setting: a nationwide survey analysis

Deepansh Dalela
Henry Ford Health, ddalela1@hfhs.org

Firas Abdollah
Henry Ford Health, FABDOLL1@hfhs.org

Letter to the Editor

Reply to Letter to the Editor Re: Generalizability of Prostate-Specific Antigen (PSA) Screening Trials in a "Real World" Setting: A Nationwide Survey Analysis

To the Editor:

We thank the authors for sharing their insight on our work. The Prostate, Lung, Colorectal and Ovarian cancer (PLCO) trial had important shortcomings directly affecting the interpretation of the trial, including the underrepresentation of African American (AA) men. As the authors allude to, this was one of the key findings of our study.[1] We agree with the authors that the United States Preventive Services Task Force (USPSTF) recommendations decreased the nationwide prostate-specific antigen (PSA) screening rates[2] and potentially led to men being diagnosed later with more aggressive prostate cancer (CaP).[3] What is equally concerning is the fact that these "missed" diagnoses may have been even more in AA men, based on a recent nationwide survey data linked with Surveillance, Epidemiology and End Results registries.[4] Indeed, most professional society guidelines explicitly acknowledge that AA men are higher risk for prostate cancer, with PSA screening guidelines tailored accordingly.[5-7] Similar concerns exist for men with family history of CaP: more contemporary National Health Interview Survey data reveals a much higher prevalence of PSA screening in these men compared to their representation in the PLCO trial.[1] Extrapolation of Level 1 data from the European PSA screening studies suggested mortality benefit of PSA screening these men,[8,9] yet, given the small number of these men in the United States-based PLCO trial, the USPSTF guidelines deemed the evidence insufficient. These findings, combined with our results above, make a strong case for adopting a more nuanced approach, and perhaps a different set of national guidelines for men at higher risk of CaP. While we do not necessarily agree with the authors suggestion of annual PSA screening (given its potential for overdiagnoses), we certainly believe that more tailored guidelines, such as mid-life PSA based regimens, biennial screening, or tools incorporating life expectancy, will be the most judicious way forward.

Deepansh Dalela, M.D. and Firas Abdollah, M.D.
VUI Center for Outcomes Research Analytics and Evaluation, Vattikuti Urology Institute, Henry Ford Hospital, Detroit, MI
E-mail: firas_abdollah@gmail.com (F. Abdollah).

References

1. Dalela D, Sood A, Keeley J, et al. Generalizability of prostate-specific antigen (psa) screening trials in a "real world" setting: a nationwide survey analysis. *Urology*. 2021;148:1–3.
2. Sammon JD, Abdollah F, Choueiri TK, et al. Prostate-specific antigen screening after 2012 us preventive services task force recommendations. *JAMA*. 2015;314:2077–2079.
3. Butler SS, Muralidhar V, Zhao SG, et al. Prostate cancer incidence across stage, NCCN risk groups, and age before and after USPSTF Grade D recommendations against prostate-specific antigen screening in 2012. *Cancer*. 2020;126:717–724.
4. Kensler KH, Pernar CH, Mahal BA, et al. Racial/ethnic variation in PSA testing and prostate cancer incidence following the 2012 U.S.P.S.T.F. recommendation. *J Natl Cancer Inst*. 2020. https://doi.org/10.1093/jnci/djaa171.
5. American Cancer Society Recommendations for Prostate Cancer Early Detection. https://www.cancer.org/cancer/prostate-cancer/detection-diagnosis-staging/acs-recommendations.html. Accessed May 10, 2021.
6. Carter HB, Albertsen PC, Barry MJ, et al. Early detection of prostate cancer: AUA Guideline. *J Urol*. 2013;190:419–426.
7. Mohler JL, Antonarakis ES, Armstrong AJ, et al. Prostate Cancer, Version 2.2019, NCCN Clinical Practice Guidelines in Oncology. *J Natl Compr Canc Netw: JNCCN*. 2019;17:479–505.
8. Randazzo M, Muller A, Carlsson S, et al. A positive family history as a risk factor for prostate cancer in a population-based study with organised prostate-specific antigen screening: results of the Swiss European Randomised Study of Screening for Prostate Cancer (ERSPC, Aarau). *BJU int*. 2016;117:576–583.
9. Saarimaki L, Tammela TL, Maattanen L, et al. Family history in the Finnish Prostate Cancer Screening Trial. *Int J Cancer*. 2015;136:2172–2177.

https://doi.org/10.1016/j.urology.2021.03.029
0090-4295