Prostate cancer: check it out

There has been a dramatic increase in screening for prostate cancer; however, the benefits and risks of screening are still not clearly defined. A recent, randomized trial provided information on prostate cancer incidence, staging and mortality. “We are reporting for the first time on the Prostate, Lung, Colorectal and Ovarian Cancer Screening trial with respect to prostate cancer mortality,” the researchers stated.

From 1993–2001, 76,693 men were randomly assigned to receive either annual screening ($n = 38,343$) or usual care ($n = 38,350$). Participants in the screening group were offered annual prostate-specific-antigen (PSA) testing for 6 years and digital rectal examination for 4 years.

“At 7 years, screening was associated with a relative increase of 22% in the rate of prostate cancer diagnosis, as compared with the control group,” the researchers report. This increase in diagnosis occurred even though compliance rates were slightly below the anticipated

level in the screening group and more-than-expected in the control group. The difference in mortality between the two groups, however, was not significant because in total 50 deaths in the screening group were attributed to prostate cancer and 44 in the control group. Similarly, 10 year follow-up data for 67% of men showed no indication of reduction in mortality from prostate cancer in the screening group; in total, 92 and 82 deaths occurred in the screening group and control group, respectively.

Screening, therefore, was not related to reduction in prostate cancer mortality. “After 7–10 years of follow-up, the rate of death from prostate cancer was very low and did not differ significantly between the two study groups,” the authors conclude.

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Original article Andriole, G. L. *et al.* Mortality results from a randomized prostate-cancer screening trial. *N. Engl. J. Med.* **360**, 1310–1319 (2009).