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Panel Says Prostate Test Does Not Save Lives

Healthy men do not need prostate cancer screening with PSA because the test does not save lives and often leads to unnecessary testing, interventions, and treatment, the United States Preventive Services Task Force (USPSTF) is expected to recommend in an update to its prostate cancer screening guidelines.

According to a report in the New York Times, the recommendation will be announced Tuesday and is based on a USPSTF-commissioned study, which failed to show a clear benefit from prostate cancer screening with PSA.

“After about 10 years, PSA-based screening results in small or no reduction in prostate cancer-specific mortality and is associated with harms related to subsequent evaluation and treatments, some of which may be unnecessary,” concluded authors of the report, a copy of which was obtained by MedPage Today and ABC News.

The authors came to the conclusion after reviewing data from five large randomized clinical trials of PSA testing. The data included results of the NIH-sponsored Prostate, Lung, Colon, and Ovary (PLCO) clinical research program, whose investigators found no mortality benefit among men who underwent PSA screening and were followed for 10 years.

FDA Approves New Indications for Prolia®
(Denosumab) for Treating Bone Loss in Prostate and Breast Cancer Patients
Undergoing Hormone Ablation Therapy

FDA approved two new indications for Prolia® (denosumab) as a treatment to increase bone mineral density (BMD) in breast cancer patients at high risk for fracture receiving adjuvant aromatase inhibitor therapy and for men at receiving androgen deprivation therapy (ADT) for non-metastatic prostate cancer.

Aromatase inhibitors and ADT are often used to prevent and manage disease recurrence in patients with breast and prostate cancers, respectively. Both treatments reduce hormone levels, leading to bone loss and an increased fracture risk.

“Bone loss and fractures are recognized adverse effects of hormone ablation therapies but we have not had an approved treatment option to prevent these problems for our patients,” said Matthew Smith, MD, PhD, director of the Genitourinary Malignancies Program at Massachusetts General Hospital Cancer Center, Boston. “Prolia now gives us the ability to reduce the risk of bone loss and fractures, allowing patients to continue their treatment and their fight against cancer.”

Erections after Prostate Cancer Treatment Predicted by Models

Multivariable models can predict whether a man can achieve an erection “firm enough for intercourse” 2 years after treatment for early prostate cancer, according to a study in the September 21st issue of the Journal of the American Medical Association (JAMA, Vol. 306, pp. 1205-14, 2011).

Two-year erectile function (EF) probabilities ranged “from as low as 10% or less to as high as 70% or greater depending on the individual’s pretreatment patient characteristics and treatment details,” reported lead author, Martin Sanda, MD and colleagues, from Beth Israel Deaconess Medical Center and Harvard University in Boston.

Until now, “tools to predict posttreatment erectile dysfunction (ED) based on pretreatment HRQOL [health-related quality of life] have been limited,” say the authors. Nine university-affiliated hospitals that participated in the study.

The models developed in the new study, which used 2-year data on 1,027 men, were an improvement compared to such older tools. The models are innovative because they include data on patient characteristics (including cancer severity) and choice of treatment in addition to pretreatment HRQOL.
MODELS TO PREDICT ED

(Continued from page 1)

Sexual function in previously potent men is “the most commonly impaired [HRQOL domain] and is most closely related to outcome satisfaction,” they add. Men need to know this information before treatment, says Michael J. Barry, MD, from the Massachusetts General Hospital and Harvard Medical School, in an accompanying editorial. The “take-away message” is “that if the patient has chosen radical prostatectomy, he will more than likely lose EF, whereas if he has chosen radiotherapy, he has a better than even chance of preserving it, at least for 2 years,” he said. After 2 years of treatment, 335 (48% [95% CI 45-52%]) of men with functional erections prior to treatment reported functional erections. About half of all 1,027 men in the study reported use of drugs or devices to manage ED. Pretreatment sexual HRQOL score, age, serum PSA level, race/ethnicity, body mass index, and type of treatment were associated with functional erections 2 years after treatment.

Dr. Sando and coauthors conclude that their new models provide a “broadly applicable framework to predict the long-term, post-treatment erectile dysfunction for individual patients.”

Medscape Medical News. 21 September 2011

PROLIA APPROVAL

(Continued from page 1)

The expanded indications for Prolia are based on two randomized, double-blind, placebo-controlled Phase 3 clinical trials; one involving 1,468 men with non-metastatic prostate cancer undergoing ADT, and another involving 252 post-menopausal women with breast cancer receiving aromatase inhibitor therapy. In men, BMD at the lumbar spine was significantly higher after 2 years of treatment (+5.6% and -1.0% with Prolia vs. placebo; treatment difference 6.7% [95% CI: 6.2, 7.1]; p<0.0001). After 3 years of Prolia, BMD differences at the lumbar spine, (total) hip and femoral neck were 7.9% 5.7% 4.9% respectively. Incidence of new vertebral fractures in men on placebo and Prolia was 3.9% and 1.5%, respectively, for a relative risk reduction of 62% (p=0.0125). Arthralgia and back pain were the most common adverse reactions reported in men and women (incidence ≥10% per cancer patient). Additionally, Prolia treatment was associated a higher reported incidence of catacaetis in men receiving ADT.

Hypocalcemia (a low serum calcium level) was reported in both men and women treated with Prolia. It is recommended that all patients should be adequately supplemented with calcium and vitamin D while on Prolia therapy. Amgen news release, 19 September 2011

US TOO SEEKS BOARD MEMBER APPLICATIONS

Us TOO is seeking nominations to the Us TOO International Board of Directors (BOD). The Board Membership Committee, chaired by Ridge Taylor, who also serves as Secretary on the Board Executive Committee, will review and evaluate nominees and submit recommendations to the full Board for approval at its December 2011 meeting. The Us TOO International BOD is made up of 15 seats, one third of which are up for re-election annually. Terms for 5 of the members end in December, although all members are eligible for more terms. Currently, there is one vacant position. Selection criteria include items such as the candidate’s relationship to Us TOO’s purpose, its membership criteria (“...any man diagnosed with prostate cancer, a member of such a man’s family or significant other, or any person involved in or interested in support or treatment of any such patients...”), familiarity with an Us TOO chapter, ability to think globally, skills or experience deemed beneficial to the work of Us TOO and commitment to Us TOO’s purpose and mission.

Letters of nomination with a vita or resume can be sent now to Thomas Kirk, President/CEO, Us TOO International, 5003 Fairview Avenue, Downers Grove, IL 60515 or e-mail tom@ustoo.org.
**ASK DOCTOR SNUFFY MYERS**

*Editors’ note: This column contains opinions and thoughts of its author and is not necessarily those of Us TOO International.*

Is prostate cancer curable?

They say brevity is the soul of wit, but this sets a new record for this newsletter. The simple answer is yes, in a majority of newly diagnosed men with prostate cancer, the disease is curable.

Radiation therapy and/or surgery can cure most newly diagnosed patients. Many with small Gleason 6 cancers do not need a cure because their cancer is clinically insignificant.

With the development of Combidex, Feraheme-MRI and Choline PET scan technology, the extent of lymph node involvement can be accurately determined. If lymph node involvement can be detected, the cancer in those nodes can be eliminated by modern radiation therapy. We are finding that a majority of men with PSA-only disease have cancer that appears to be limited to the lymph nodes along the iliac and obturator arteries. Cancer at these sites is easily treated with radiation therapy.

I am convinced that a majority of these patients will be cured.

We are seeing a growing number of patients who present to us with advanced prostate cancer who enter durable complete remissions. What I mean by this is that their cancer has not returned and years are passing. There are several drugs currently in development that are so promising that the number of patients I see entering into durable complete remissions is increasing dramatically.

**CALL TO ACTION REGARDING USPSTF DRAFT RECOMMENDATIONS**

Dear Friends and Supporters of Us TOO:

By now, you may know that the US Preventive Services Task Force (USPSTF) has prepared a draft recommendation against prostate-specific antigen (PSA)-based screening for prostate cancer.

The Task Force will be accepting comments on this draft recommendation statement through November 8, 2011. I encourage every one of you to post your comments at this website: www.uspreventiveservicestaskforce.org/tfcomment.htm.

Commentary categories include:

- How can the USPSTF make this draft Recommendation Statement clearer?
- What information, if any, was not included in this draft Recommendation Statement that you expected to find?
- Based on the evidence presented in this draft Recommendation Statement, do you believe that the USPSTF came to the right conclusions? Please provide additional evidence or viewpoints that you think should have been considered.
- What resources or tools could the USPSTF provide that would make this Recommendation Statement more useful to you in its final form?
- Any other comments you have on this draft Recommendation Statement.

In men who present to AIDP after failing Taxotere chemotherapy, these advances are now readily apparent. In the just under 30% who develop an undetectable PSA, we have seen no deaths for the past five years.

Dr. Leibowiz has repeatedly stated that prostate cancer is commonly wide spread at diagnosis. Because of this, he contends that surgery and radiation therapy are problematic. Instead, he argues for hormonal therapy as initial treatment for newly diagnosed prostate cancer.

The USPSTF is committed to understanding the needs and perspectives of the public it serves. Please share any experiences that you think could further inform the USPSTF on this draft Recommendation Statement.

Empowerment is what Us TOO is about. Equipping men with support and unbiased information to make decisions about their disease. Our experience with prostate cancer has taught us many lessons. We support men wanting to learn more about their prostate health status.

We want you to take action by submitting your thoughtful comments. Engage your network of fellow survivor warriors, friends, family, coworkers and neighbors to submit comments!

We need THOUSANDS to raise their voices, not the hundreds the prostate cancer community has typically responded with in the past. This is our time. Make your voice be heard! More than ever, your action is urgently needed!!

Thank your for your participation and support!

Sincerely,

Thomas Kirk
President & CEO
Us TOO International
toms@ustoo.org

In two problems with this approach. First, as we have outlined above, prostate cancer does not commonly spread widely. Instead, for most patients, this cancer spreads slowly, methodically. For a majority of newly diagnosed patients, if we can accurately image the pattern of cancer spread, surgery and/or radiation therapy can cure them. My second problem is that hormonal therapy dramatically increases the risk of hypertension, diabetes and cardiovascular disease. I strongly suspect that the 10-year mortality and morbidity of hormonal therapy vastly exceeds that of radical prostatectomy and radiation therapy.
SEA BLUE PROSTATE WALK SHINES DESPITE SOGGY SKIES

Runners, walkers and families didn’t let rain dampen their enthusiasm for raising funds and awareness for prostate cancer in Chicago on Sunday, 18 September 2011. The 7th Annual SEA Blue Prostate Cancer 5k run/3k walk event still attracted 1,228 participants, including 82 teams and 154 survivor warriors.

Participants raised $129,636 as of 12 October 2011, with funds benefitting two Chicago-based 501(c)3 non-profit organizations – Us TOO International and Wellness Place. Both organizations provide prostate cancer survivors and their families vital services and informational materials free of charge for the growing number of people at risk and directly affected by prostate cancer. The Us TOO Boardwalkers team, made up of all 15 Board members, was the top fundraiser, generating $24,252!

Special thanks go out to the corporations who not only contributed financially and with informational materials and participant goodie bags onsite, but also created teams and brought their staff and family members out for the event. Corporate supporters for 2011 include:
- Novartis Oncology, Dendreon Corporation, UroPartners Prostate Center at the Glen, Abbott, Millennium Pharmaceuticals, UIC Cancer Center, Home Run Inn Pizza, Medivation, Astellas Pharma US, BlueCross BlueShield Association, Cancer Treatment Centers of America, Endocare, American Medical Systems, Mediaplanet, Mitomics, Watson Pharmaceuticals, Sanofi Oncology, Sport Clips, ProCure Proton Therapy Center, Dominicks, Blue Man Group, Senior News, Score670am and Gameworks.

To see more photos and videos, go to www.SEABlueProstateWalk.org and the Us TOO Facebook page.

Each year, more people participate in this event virtually by creating a team and fundraising online, but won’t attend as they live out-of-city or state. Many hold an informal walk with family and friends in their own town, on the same day. Us TOO support group leaders attending the Us TOO University event in August want all support groups to participate this way, so mark your calendars for Sunday, 16 September 2012 to join the national SEA Blue movement!

US TOO UNIVERSITY OPENS DIALOGUE WITH SUPPORT GROUP LEADERS

The 2011 Us TOO University support group leader training symposium was held August 19-20, 2011, with 133 people gathered in Chicago from 22 states and the Bahamas. Attendees included leaders from 33 Us TOO chapter support groups, those interested in starting a support group, other advocates, members of the Board of Directors, corporate supporters and staff.

This year’s theme was “Teaming For Success,” with the goal to group people who are or want to be more proactive and engaged with Us TOO International and discuss new collaborations, fundraising projects, and resources for men and their families to make informed decisions on prostate cancer detection, treatment and life beyond treatment.

Sessions topics covered a medical update of new developments in practice and research, getting active with exercise, strategic corporate collaborations and how they impact you and those you help, Us TOO key initiatives and next steps for success. Highlights included motivational speaker, Chuck Gallagher, for his lunch presentation, Shelley Imholte, LCSW, MSW in facilitating an active discussion on the impact of prostate cancer on sexuality for couples, plus a moving and informational impromptu presentation by one of the attendees on solutions for living with incontinence.


The 2011 program was the sixth patient education symposium and support group chapter leader volunteer training workshop held under the “Us TOO University” banner. Us TOO University face-to-face events have also been held in Columbia, SC (‘06), Austin, TX (‘07), Chicago, IL (’07, ’10) and Tempe, AZ (‘08).

Attendee comments included:
- Outstanding meeting; Excellent speakers; Very informative; Great networking opportunity; Sharing of information and new ideas was very powerful and will be very useful to support groups; I am extremely excited about taking information back to my group and immediately begin using it; Very professional. This conference made everyone here feel proud to be associated with Us TOO.”

The Friday night dinner recognized three outstanding volunteers:
- Outstanding New Leader Award to Tracy Cameron of the Us TOO AUA Prostate Cancer Center in Joliet, IL, for activating a first-year support group to hold a golf tournament and participate in the SEA Blue Prostate Walk in Chicago, raising nearly $10,000 in the last two years.
- Community Leadership Fundraising Award to Bill Palos, Us TOO Regional Director and past member of the Us TOO International Board of Directors, leader of the Us TOO Greater Quad Cities Prostate Cancer Support Group in Moline, IL, for raising more than $40,000 through the annual QC Marathon walk, Birdies for Charity and other events in the last 5 years for prostate education, awareness and early detection testing functions in the western Illinois and eastern Iowa communities.
- Personal Action Fundraising Award going to Michael Hughes of West Linn, Oregon for creating a fundraiser and awareness campaign for Us TOO at his five Valvoline stores in Oregon and Washington states. Last year’s campaign raised $5,500. This year’s campaign runs through October 2011.

Finally, special thanks to our corporate supporters, whose support made it possible for us to hold this event!
- Diamond: Dendreon Corporation, Sanofi Oncology
- Sapphire: Janssen, Millennium Pharmaceuticals, Amgen Oncology
- Silver: Medivation, Astellas Pharmaceuticals, American Medical Systems, Veridex
- Bronze: Mitomics
- Friends: Endocare, GTx, Medrad

Us TOO plans to create subcommittees to continue discussion and planning to benefit the entire Us TOO network of support group leaders and survivors and families over the coming months.
Us TOO University attendees experienced the benefits of exercise and stretching. Many leaders will be bringing this good idea back for their local support group meetings.

Us TOO University support group leaders and advocates vote for their most important issues for the Us TOO network to address in the Blue Dot group exercise.

The Us TOO University class of 2011! The support group leader education and training symposium has been held annually for the last 6 years. Has your support group leader attended?

Team TC honors their father who lost his battle with prostate cancer earlier in the year by walking in the 7th Annual SEA Blue Prostate Cancer 5k run/3k walk event held in Lincoln Park Chicago by Lake Michigan on Sunday, 18 September 2011. They joined 81 other teams and 1,228 participants to raise funds and awareness for Us TOO. The wet weather didn’t stop us!

The Us TOO International Board of Directors not only walked, but through their "Us TOO Boardwalkers" Team, was the top fundraising team, raising $24,252 for Us TOO!

Special thanks to survivor warrior John Trout, who volunteers his time and talent taking photos of our SEA Blue run/walk and Us TOO University events over the years. With his daughter, Miranda. See all his photos at www.SEABlueProstateWalk.org and www.UsTOO.org.
DOC MOYAD’S WHAT WORKS & WHAT IS WORTHLESS COLUMN, ALSO KNOWN AS “NO BOGUS SCIENCE” COLUMN

“High-doses of vitamin E supplements increases the risk of prostate cancer...what a surprise (sarcasm alert) & PSA screening is discouraged by the USPSTF...what a shocker (sarcasm alert) again & what do both of these stories have in common?”

Mark A. Moyad, MD, MPH
University of Michigan Medical Center, Department of Urology

Editors’ note: This column contains opinions and thoughts of its author and is not necessarily those of Us TOO International.

**Bottom Line: Do not take mega-doses of any dietary supplements (yes, that includes over hyped vitamin D), and if you are a HEALTHY guy talk to the doctor that you trust the most about screening for prostate cancer.**

It was 2002 (10 YEARS AGO) a paper was published in a major urology medical journal by a young and partially muscular person named Moyad.1 It was an extremely negative paper that suggested that utilizing high doses of vitamin E in a clinical trial to prevent prostate cancer was arguably a very bad idea because it may do more harm than good.

The reasoning behind this commentary was partially based on my life long experience with dietary supplements, and the over 100 million dollars that could have been divided up to go to other more relevant research, and studies of vitamin E at high doses in non-smokers that had NOT been shown to be heart healthy (Moyad Mantra..."Heart Healthy=Prostate Healthy"), and a plethora of other reasons that were outlined in the paper. In fact, a young researcher named Moyad in 2004 argued that we should do a cholesterol lowering prostate cancer prevention trial because at least in the worse case scenario we can reduce the risk of the number 1 cause of death in men (cardiovascular disease) even if we do not reduce the risk of prostate cancer (an advance in medicine and not a lateral move at best like we would find with vitamin E and selenium).2

So, let me now reiterate what I have been saying for over a decade. Do not take any dietary supplement in mega-doses for prostate cancer prevention or treatment (including vitamin D) unless it has been shown to be heart healthy or at the very least, heart neutral. In other words, if there is a hint that it could be heart unhealthy please do not take it. Why? It is because some cancers have receptors for these “antioxidants” and they could utilize them for growth in mega-doses, and if a supplement increases your risk of getting or even dying of cardiovascular disease then what is the point of taking it for prostate cancer. Also, cardiovascular disease is arguably still the number 1 killer of men with and without prostate cancer so NEVER TAKE A HEART UN-HEALTHY DIETARY SUPPLEMENT. The verdict on high-dose selenium and/or vitamin E has been in for years and these supplements are not heart healthy in non-smoking men so there was no reason to take them for prostate cancer prevention in my opinion. Now, let’s move on to the next perceived to be different, but in my opinion somewhat related issue.

The US Preventive Services Task Force (USPSTF) basically discouraged mammograms. Now, the USPSTF discourages PSA screening. I have been telling folks that this recommendation by USPSTF was not a surprise (in my opinion) because a large recent study in Europe and the US did not show a clear benefit for PSA screening in general, so the USPSTF had a knee-jerk reaction and was expected to take this stance.

**However, the BIG STORY ON SCREENING WAS COMPLETELY MISSED!** In 1999, a young researcher named Moyad published an interesting article suggesting that the first focus for men should be on heart health and after that is adequately addressed then there should be a discussion on other causes of death.3 In other words, if a man is in very good health the chances or probability that other disease screening might be beneficial is good. However, if a man is heart unhealthy and has multiple other health problems the chances that cancer screening, even prostate screening will be beneficial for him is very low. AND THIS MY FRIENDS IS WHAT THE US SCREENING STUDY ESSENTIALLY FOUND THAT WAS MISSED BY THE USPSTF AND MANY MEDIA SOURCES!

A paper from 2011 by Crawford et al found that men screened for prostate cancer (again, in the USA study that showed no overall benefit of screening that USPSTF partially used for their recommendation) could significantly reduce their risk of dying from prostate cancer if they are in very good health.4 What is the point of PSA screening if someone is going to die young of another reason, but what is the point of trying to live a long life if you do not take care of your heart health and consider cancer screening (the second leading cause of death and catching up quickly to cardiovascular disease)!!

So, for example we need to aggressively reduce accidents, alcoholism, cardiovascular disease, diabetes, infections, obesity, smoking, violence etc...in men and also talk with them objectively about getting colon and prostate cancer screening or other high-risk selective screening such as skin cancer (for those at an elevated risk). How hard would it have been to send this message? We have to accept the fact that numerous men have been over-diagnosed and over treated for prostate cancer, but we also have to accept the fact that screening has also saved the lives of many healthy men. Perhaps we need to talk about triaging preventive medicine just like the emergency room does in your town daily to save lives. In other words, take care of your heart health and consider cancer screening to the very least, heart neutral.

(Continued on page 8)
1. The truth about screening should be presented more accurately so men are not misled about its effects. It may save some lives but odds are very low and there is a significant risk of harm.

2. Each man should have a chance to decide whether to be tested rather than have the test done automatically when in the doctor’s office. Despite the results, many men still will decide that they want the test.

3. There are many men who should be counseled against getting the test because they have almost no chance of benefitting. That includes men who have a life expectancy less than ten years. Nearly one-third of men over 75 are getting tested regularly.

4. For those diagnosed with cancer, the pros and cons of conservative therapy should carefully be presented along with their other options, which may help reduce unnecessary treatment.

5. The greatest challenge is what to tell African-American men and those with a family history of prostate cancer. We know they are at greater risk of dying yet we have no evidence whether screening is more successful for them and a study will probably never be done. The best we can do is tell them the truth that we cannot prove they have a greater benefit than the general population but let them know they are at greater risk and have them decide what to do.

THE BOTTOM LINE: Men on hormone therapy should be made aware of the results with Prolia so they can decide if it is worthwhile to take it.

a1p1c1 Since 1989, men have been told that screening with PSA saves lives. From the beginning, this statement was made without any proof that it was true. Yes, it found many more curable cancers that were easier to treat. And yes, the annual death rate from prostate cancer did begin to decline within a few years. Unfortunately, neither fact provides clear proof that PSA screening was the reason for the lower death rate. Only in the last few years have well designed studies provided information about the impact of screening. The conclusion by the US task force is that those studies fail to convincingly prove screening is beneficial and it clearly has resulted in a great deal of overtreatment and side effects.

Are the studies ideal? The answer is no, they all have flaws. Nevertheless, that is all we have to judge the real impact of screening. No doubt, most men are upset by this conclusion, firmly believing that the conclusion is wrong and they were indeed saved because of the test. Putting aside emotion, it is worth looking at screening in general.

This is not the first cancer where screening was thought to be helpful. Screening for neuroblastoma, ovarian cancer and lung cancer also were thought to save lives until the proof could not be obtained and it was abandoned for each of them. Kidney, bladder and stomach cancer kill as many men as prostate cancer but screening is not done for those diseases even though CT scans can find some early cancers, which are easier to cure. We make progress in medicine by conducting studies that truly can tell us if something is beneficial. Based on the best information to date, their conclusion is not incorrect, although better studies might find greater benefit.

Now comes the question about what to do with their findings. Should no men be tested? Should the government stop paying for a screening PSA? Or does their finding lead us to take a different approach? Here are some suggestions:

1. The truth about screening should be

Editors’ note: This column contains opinions and thoughts of its author and is not necessarily those of Us TOO International.

a1p1c2 Another new FDA approval is for Prolia to help reduce the risk of fractures and improve bone mineral density in men on hormone therapy. The drug is reasonably well tolerated with manageable side effects. As time goes on we might expect an even greater benefit. However, this is yet another example where the relative benefit is high but the absolute benefit is small: taking Prolia reduced the risk of fractures by 62% but it only helps 1 out of every 40 men who take it. What is unclear is whether men who take hormone therapy for a short time will also benefit from this treatment.
USPSTF RECOMMENDS AGAINST PSA SCREENING (Continued from page 1)

Published at the same time as the PLCO study, a large European study of screening PSA showed a statistically significant 20% reduction in the mortality hazard after nine years, but the absolute difference was 0.07%. Yet another study showed almost a 40% reduction in the mortality hazard (6.1% absolute risk reduction) among screened men. However, subgroup analysis suggested the benefit was limited to men younger than 65.

“Treating approximately three men with prostatectomy or seven men with radiation therapy instead of watchful waiting would each result in one additional case of erectile dysfunction, and treating approximately five men with prostatectomy would result in one additional case of urinary incontinence,” authors of the USPSTF-commissioned report wrote.

“Prostatectomy was also associated with perioperative (30-day) mortality (about 0.5%) and cardiovascular events (0.6% to 3%) and radiation therapy with an increased risk of bowel dysfunction.”

USPSTF officials did not respond to multiple telephone calls from MedPage Today requesting confirmation or comment on the report and recommendation.

Physicians began responding to the news almost immediately. In an email, Boston oncologist Philip Kantoff, MD, characterized the recommendation as “counterproductive and the wrong message. More on point is the proper selection of patients for screening and more use of active surveillance as a treatment option for good-risk patients,” said Kantoff, of Harvard and the Dana Farber Cancer Institute.

No stranger to controversy, the USPSTF will likely find itself in the crossfire of opposing sides on this prostate cancer screening recommendation. The task force touched off a verbal firestorm in 2009 by recommending that mammographic breast cancer screening before age 50 should be optional, and decided by a woman and her physician. The mammography controversy attracted congressional attention from legislators responding to constituents’ outrage, and HHS secretary Kathleen Sebelius eventually issued a statement characterizing the recommendation as “counterproductive and the wrong message. More on point is the proper selection of patients for screening and more use of active surveillance as a treatment option for good-risk patients,” said Kantoff, of Harvard and the Dana Farber Cancer Institute.

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