

Men must be entitled to PCa screening, treatment choice

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By Marc A. Beaghler, MD

To the editor:

The letter from Navin Shah, MD, and Vladimir Ioffe, MD, in the July 2017 issue of *Urology Times* was an excellent discussion of some of the reasons why the USPSTF recommendations have had a negative impact on prostate cancer diagnosis and treatment. I know of no other [recommendation], which is based on flawed data, with cross contaminations, that has had a more negative impact on men's health.

Men have the right to know if they are at risk for prostate cancer and should have the opportunity to decide if they should be screened and diagnosed. In addition, it should be up to them and their physicians to decide on treatment, not a third-party payer. All of this is about a simple blood test that costs only \$28.

All of us treating these patients know that we are seeing later stage, higher grade disease, as Dr. Shah and Dr. Ioffe have demonstrated. We all know how hard it is to get men to be seen by a physician. We all know how much more difficult it is to treat late-stage prostate cancer.

Men are the worst patients, who avoid seeing doctors at all cost. We all know that this is just an issue about denying care and not spending money on treatment. Imagine, if patients had annual PSAs and physical examinations, how many patients we could help. Oh yeah, we did that experiment and have proven in study after study how beneficial this can be.

The whole idea put out by the USPSTF in 2012 was flawed from the outset. No urologists, no oncologists, and no radiation therapists were involved in this task force. They know nothing about prostate cancer, the patients, and what a disservice they have done to men's health.

Simply put, PSA is not the best screening tool. However, it is what we have available. In addition, how is it a bad idea to have men see their physicians on an annual basis? They might find other treatable conditions. Finally, men have the right to know if they have cancer, and if they do, they need to have the right to consider the options, which might include no treatment.

September is National Prostate Health Month. We as urologists need to be strong advocates for our patients. We need to become the primary advocates for early diagnosis and treatment of our patients. In my practice, I make it a point to discuss men's health issues, and make sure that my patients are screened and follow up annually with me or their primary care physicians.

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