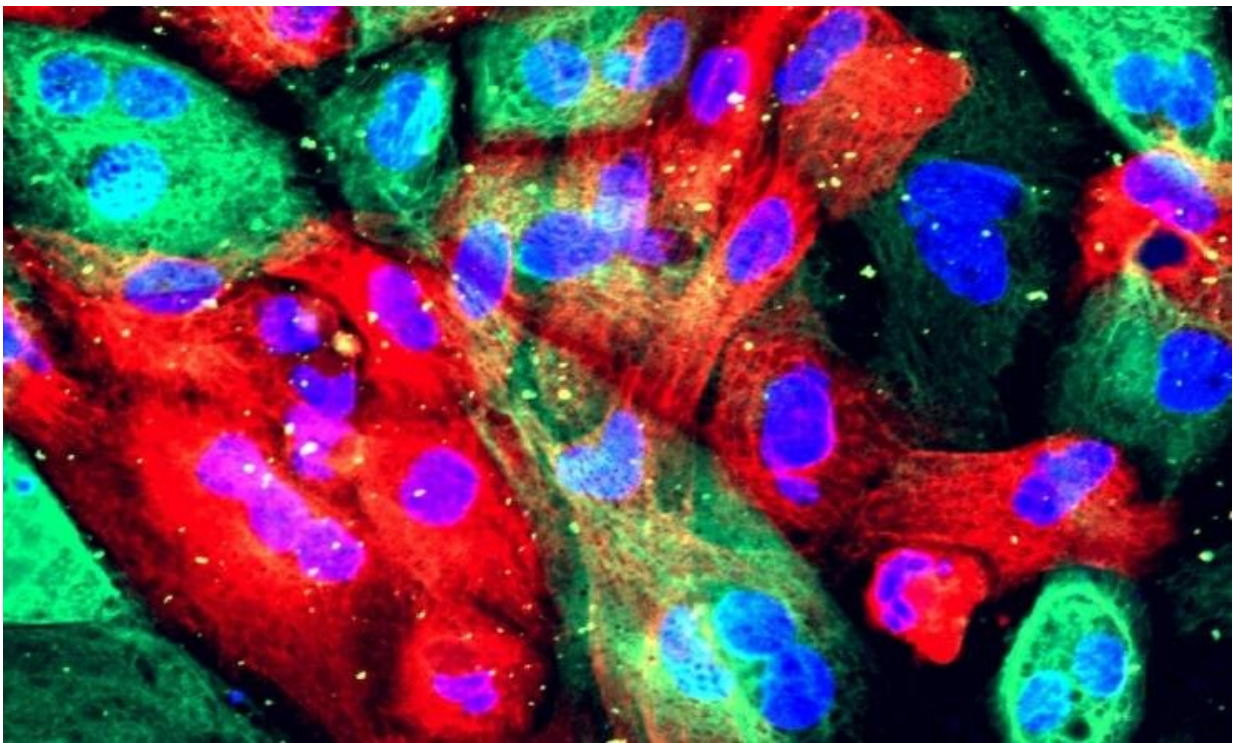


Benefits of PSA prostate cancer screening found to be more favorable than previous estimates, especially for Blacks

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Prostate cancer cells. Credit: NIH Image Gallery

New research led by investigators from Weill Cornell Medicine, Fred Hutchinson Cancer Center, University Hospitals Cleveland and Case Western Reserve University found that prostate cancer screening with

the prostate specific antigen (PSA) blood test has remarkably favorable tradeoffs. This is particularly true for Black men, the investigators found, who disproportionately bear the burden of prostate cancer mortality and morbidity, and who are underrepresented in clinical trials.

Using epidemiologic data spanning a greater time period than previous estimates, the investigators produced new calculations of the number of men who were diagnosed and treated as a consequence of PSA screening as compared to the number of cancer deaths avoided. Their findings were published May 15 in *NEJM Evidence*.

Previous calculations over a decade ago estimated that, at best, one death was prevented for every 23 men diagnosed with prostate cancer as a consequence of screening. This suggested that too many men were experiencing the negative effects of a prostate [cancer](#) diagnosis as compared to those who benefit to recommend use of the screening test.

For their calculations, lead author Dr. Spyridon Basourakos, a resident in urology at Weill Cornell Medicine and NewYork-Presbyterian/Weill Cornell Medical Center, and colleagues improved on the previous estimates of overdiagnoses and overtreatment. Namely, they included 11 more years of data than prior estimates; calculated estimates for men of all races and Black men; and used complementary approaches to estimating overdiagnosis.

Under conservative assumptions about screening's benefits, the investigators estimated that for men of all races one death was prevented for every 11 to 14 men diagnosed with [prostate cancer](#) and every 7 to 11 men treated for the disease. For Black men screening resulted in one death prevented for every 8 to 12 men diagnosed, and every 5 to 9 men treated. For more optimistic assumptions about screening, these tradeoffs were even more favorable, with numbers needed to treat in the low single digits for Black men.

The new analysis supports PSA screening, particularly for Black men and others at high risk, and highlight the need to revise clinical guidelines to accurately reflect the value of [screening](#), the authors wrote.

More information: Spyridon P. Basourakos et al, Harm-to-Benefit of Three Decades of Prostate Cancer Screening in Black Men, *NEJM Evidence* (2022). [DOI: 10.1056/EVIDoa2200031](https://doi.org/10.1056/EVIDoa2200031)

Provided by Weill Cornell Medical College

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