NORTHWESTERN UNIVERSITY NEWS

MEDIA CONTACT: Erin White at (847) 491-4888 or ewhite@northwestern.edu

FOR RELEASE: October 12, 2011

MEDIA ADVISORY

DR. WILLIAM J. CATALONA, PIONEER OF PROSTATE CANCER SCREENING AND NERVE-SPARING SURGERY, IS AVAILABLE FOR COMMENT

CHICAGO --- "PSA is the best screening test we have for prostate cancer, and until there is a replacement for PSA, it would be unconscionable to stop it," said William Catalona, M.D., Director of the Clinical Prostate Cancer Program at Northwestern Medicine and international expert on screening.

Catalona's comments are in response to the recent U.S. Preventive Services Task Force (USPSTF) recommendation against PSA (prostate-specific antigen) screening.

"Contrary to the USPSTF report, compelling evidence shows that PSA screening reduces prostate cancer deaths," Catalona said. "This evidence needs to be shared with the public."

Catalona said three of the five clinical trials the task force used to make its recommendation were of very poor quality and not representative of how PSA testing is currently used. The other two were of good quality and showed the substantial benefits of the test in decreasing prostate cancer deaths. Putting all five studies in one pool diluted the results of the two studies.

"This would be akin to using two fresh and three spoiled bananas to create a smoothie, then concluding that bananas should no longer be used in smoothies because the resultant mixture tastes bad," Catalona said.

Catalona led early studies on PSA screening, showing that it results in earlier detection, allowing men a wider array of treatment options.

"Because the cancer begins on the prostate's outer edges, it produces no symptoms until it is far advanced and too late to cure," Catalona said. "You can be a 'healthy' man and have a steadily climbing PSA, silently trumpeting the danger alarm. Early diagnosis is everything. It is the cornerstone that has dramatically reduced death and suffering."

Prostate cancer is the most common non-skin cancer in men and the second-leading cause of death from cancer.

"Since the simple blood test for PSA became widely adopted, death rates from prostate cancer have dropped 40 percent in the United States and also decreased in other countries where the testing is widespread but not in those where it is not used," Catalona said. "In addition, the National Cancer Institute database shows a 75 percent decrease in metastatic disease at diagnosis since PSA testing."

This USPSTF recommendation, if implemented, could result in Medicare and private insurance companies not covering the cost of the test and would be especially detrimental to the health of men with a family history of prostate cancer and to African-American men, who are 50 percent more likely to have prostate cancer and 200 percent more likely to die of it, Catalona said. Yet, African Americans were not included in studies used to make the guidelines that could result in increasing healthcare disparities.

Implied in the USPSTF recommendation, incontinence and impotence are being measured against saving lives. The fact is that both side effects of prostate cancer treatment are greatly diminished with an experienced surgeon and other ongoing improvements in the quality of treatment and should not be used as fear tactics in the face of life-saving screening and treatment.

If accepted by the government, this recommendation would essentially become healthcare rationing, in which only people who can pay out-of-pocket, would receive this life-saving test.

To arrange an interview with Dr. Catalona, contact Erin White, Northwestern University Broadcast Editor, at (847) 491-4888 or ewhite@northwestern.edu. (An article based on a prostate cancer screening presentation Dr. Catalona gave at a recent meeting of the American Urological Association is available upon request.)

NORTHWESTERN NEWS: www.northwestern.edu/newscenter/