The Great Prostate Debate

Some doctors are doubting the accuracy of the blood test for prostate cancer. What's a brother to do?

September 2, 2005 By John Head

Black men are 60% more likely than white men to die of prostate cancer—but if you catch it early, before it has spread to other areas of the body, your chance of surviving five years or more is almost 100%. That's why black men should start screening for prostate cancer annually at 40. Some men know about the digital rectal exam (where a doctor probes your prostate for abnormal growth). But more than half of African-American men 45 or older have never had the blood test for prostate cancer—the Prostate-Specific Antigen (PSA) test, and more than a third have never even heard of it, according to the Journal of the National Medical Association. But now, the controversial question is: Does it matter?

The PSA test looks for blood levels of prostate-specific antigen, a substance produced by the prostate, and a high level may indicate cancer. But the value of the test has been debated for years. In July, a study published in the Journal of the American Medical Association found that the PSA test produces many false-positive results and many false-negatives. An earlier study by the same researchers showed that up to 15% of men with "low" PSA levels already had prostate cancer, and that 15% of those cancers were considered life-threatening.

But African-American men's higher risk for prostate cancer and history of late screening "changes the calculation of the benefits of the test," says Gerald Hoke, MD, chief of urology at New York's Harlem Hospital Center. Hoke feels that a PSA above 2.5—the level that raises concern for some specialists—is not as important as an upward trend in PSA scores beginning at age 40. In short, black men need to be made aware of the PSA test and encouraged to have it. They should also bear in mind that a physician's skill in interpreting the result is more important than the result itself.

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