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LEADER IN PROSTATE HEALTH URGES PROSTATE CANCER SCREENING IN FACE OF CONTRADICTION DATA

DENVER – New data evaluating the impact of screening on mortality provides mixed messages on the value of prostate cancer screening. The Prostate Conditions Education Council (PCEC), a national organization committed to men’s health and a leader in prostate cancer screening, announced today that screening practices should be continued, based on new data from two studies, including the preliminary data from the prostate component of the Prostate, Lung, Colorectal, and Ovarian (PLCO) study.

Two studies featured in the March 26 issue of the *New England Journal of Medicine* present findings from the PLCO study and the European Randomized Study of Screening for Prostate Cancer (ERSPC). Early data reported from the PLCO study found there was no early mortality benefit from annual prostate cancer screening. Alternatively, long-term data from the ERSPC study show that screening reduced the rate of mortality by 20 percent. While the study designs differ, together they offer an opportunity for comparison.

“More time and further investigation is needed to fully understand and evaluate the impact of prostate cancer screening on mortality before discontinuing screening practices,” said Dr. E. David Crawford, one of the principal investigators of the prostate component of the PLCO study and head of the Urologic Oncology Department at the University of Colorado Health Sciences Center. Dr. Crawford is also the founder and chairman of the PCEC.

“Since the Prostate-Specific Antigen test was made available, we have seen a decrease in deaths attributed to prostate cancer. At this point, it is inappropriate to summarily deny screenings for patients based on these data,” said Wendy Poage, president of the PCEC.

While the cancer community continues to seek long-term results, there is already a wealth of research that shows the Prostate-Specific Antigen (PSA) test as a valuable tool to assist in the diagnosis of prostate cancer, as well as an enlarged prostate. These studies show evidence that screening is associated with a fall in mortality. While not perfect, the PSA test is the best screening tool available right now. That is why the PCEC actively participates in research to help advance PSAs, the development of new biomarkers and other technologies.

“The truth is too many men, nearly 30,000, are dying from this disease, which is survivable when discovered early,” said Poage. “We know for a fact that some men will be diagnosed with aggressive prostate cancer that will eventually take their life. If caught early, through screening,

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these lives could be saved. Discouraging or withholding screening without firm evidence could cost men their lives.”

The PCEC encourages men to “Choose to Know – and Know to Choose.” This means they should choose to know their PSA values, just as they would their cholesterol, and know that there are many choices and variables in determining if they need a biopsy and subsequent treatment if cancer is found. The organization recommends a baseline prostate health assessment, including PSA and digital rectal exam (DRE), for all men at 40 years of age and at 35 for men at high risk (including those with a family history of prostate cancer and African-American men). Based on this assessment, men with a PSA less than 1ng/ml should begin annual screening starting at age 50. Those who have a PSA greater than 1ng/ml should discuss additional testing and screening with their doctor. The PCEC recommends annual screenings for these men. However, the PCEC does not advocate for screenings if a man’s life expectancy is less than 10 years.

“For all we know, additional data from the trial may show a mortality benefit with screening. As prostate cancer, in general, is a slow growing disease, in the future the data may conclude that there is a benefit to prostate cancer screening,” continued Poage.

Both studies are ongoing with further updates anticipated. The PCEC applauds the investigators of both trials for their contributions.

About Prostate Cancer

Prostate cancer is the most common cancer, other than skin cancers, in American men and the second leading cause of cancer death in American men, behind only lung cancer. With a one in six lifetime risk of developing prostate cancer, estimates indicated that more than 186,000 men will be diagnosed in the United States and nearly 28,700 will die from the disease this year. While prostate cancer is often treatable if detected early, there are frequently no warning signs or symptoms in its earliest stages – making early detection and screening crucial for saving lives.

About the Prostate Conditions Education Council

A national organization committed to men’s health, the Prostate Conditions Education Council (PCEC) – formally the Prostate Cancer Education Council – is the nation’s leading resource for information on prostate health. The PCEC is dedicated to saving lives through awareness and the education of men, the women in their lives, as well as the medical community about prostate cancer prevalence, the importance of early detection, and available treatment options, as well as other men’s health issues. The Council – comprised of a consortium of leading physicians, health educators, scientists and prostate cancer advocates – aims to conduct nation wide screenings for men and perform research that will aid in the detection and treatment of prostate conditions. More information is available at www.prostateconditions.org.

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