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Original Contribution

PSA Screening Among Elderly Men With Limited Life Expectancies

Louise C. Walter, MD; Daniel Bertenthal, MPH; Karla Lindquist, MS;
Badrinath R. Konety, MD

JAMA. 2006;296:2336-2342.

Context Most guidelines do not recommend prostate-specific antigen (PSA) screening in elderly men who have limited life expectancies because the known harms of screening outweigh potential benefits. However, there are no large-scale studies of actual PSA screening practices in elderly men, according to life expectancy.

Objective To characterize the extent of PSA screening among elderly men, including those with limited life expectancies.

Design, Setting, and Participants Cohort study of 597 642 male veterans aged 70 years and older who were seen at 104 US Department of Veterans Affairs facilities during both 2002 and 2003, without a history of prostate cancer, elevated PSA, or prostate cancer symptoms. Charlson comorbidity scores were used to stratify men into 3 groups ranging from best health (score = 0) to worst health (score $\geq$ 4).

Main Outcome Measure Receipt of PSA testing during 2003 was based on US Department of Veterans Affairs data and Medicare claims.

Results In 2003, 56% of elderly men had a PSA test performed. Although PSA screening rates decreased with advancing age, within each 5-year age group the percentage of men who underwent a PSA test did not substantially decline with worsening health. For example, among men aged 85 years and older, 34% in best health had a PSA test compared with 36% in worst health. In multivariate analyses, many nonclinical factors, such as marital status and region of the country, had a greater effect on PSA screening than health, and screening rates exceeded 60% for some subgroups of men in worst health.

Conclusions Prostate-specific antigen screening rates among elderly veterans with limited life expectancies should be much lower than current practice given the known harms of screening. More attention to prognosis is needed when making screening PSA recommendations to elderly men.

Author Affiliations: Division of Geriatrics, San Francisco VA Medical Center and the Division of Geriatrics, University of California, San Francisco (Dr Walter and Ms Lindquist); Research Enhancement Award Program to Improve Care for Older Veterans, San Francisco VA Medical Center (Mr Bertenthal); and Department of Urology, University of California, San Francisco (Dr Konety).

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