

PSA Testing: Is There an Answer?

Virgil Simons: The Patient's Perspective

I. The PSA Conundrum: Test or Die

We're going to talk about what the PSA test means in today's world and in the future. The controversy around the PSA test has been building, and ultimately men are saying should I test or should I just die? They don't have any ideas in terms of how to best handle the controversy.

II. What are the odds... .

The odds of dying from prostate cancer are 1:36, and the odds of getting prostate cancer are 1:6. If you look at the African American community and the Latino community to a lesser degree, the numbers are even higher. From an odds standpoint, the experience that we all could potentially have with prostate cancer is very high compared to a lot of other risks.

III. Early Disease Detection Barriers

Most of you have read about the controversy between the U.S. and European tests in terms of what screening means. We have seen a whole host of recommendations from a variety of agencies in the U.S., and there has also been the question of how we really determine risk. Ultimately, what we want to know is whether we have a disease that is potentially going to kill us or if it is a disease that we can live with.

In terms of looking at risk, men sometimes exacerbate the risk in the following ways: Compared to women, men are less likely to use the health care system. They are less likely to have health insurance, and they are more likely to delay seeking care.

IV. Defining Barriers to Men's Participation in Health Care

In terms of attitudinal barriers, there tends to be a lot of gender role stoicism. There is also work role stoicism—can't take off from work because I'm sick. There is in many cases a lack of trust in the health care system, and another issue is that there is a lot of fatalism that exists—you have to die from something. We have to look at our own risk in terms of changing this paradigm.

V. Health Care Utilization, Gender and Age

Women utilize healthcare 100% more than men, which may explain why women outlive men on average.

VI. Primary Care Impact

In terms of systemic issues, there is a situation now where there are fewer doctors that are going into primary care medicine. There is a resistance on the part of many people in the

establishment to nurse practitioners taking up that role, and by 2014 there is going to be a shortage of over 400,000 nurses in America. Emergency rooms are closing for financial reasons, and there is a resistance to “convenient care clinics.” The primary care system of early detection is going away, which will result in more and more advanced stage cases at first diagnosis. Despite the PSA test and the ability to find the disease earlier, if there is not a system in place to administer the test and monitor health, we will in effect go back to the old days when men go to the doctor with bleeding and pain and find out that they have advanced stage disease.

VII. Economic Effects on Society of Male Health Disparity

We should also look at the economic effects of male health disparity on society. The lost time from work means lost revenues. People who have been taxpayers all of the sudden become tax burdens. They have to go on welfare or other kind of social help. If a debilitating bout of prostate cancer progresses, continuity of work becomes an issue as well. When men die from prostate cancer and even other diseases, the people they leave behind carry another greater burden. Women have difficulty at a more mature age finding a partner, which puts them at reduced financial circumstances. The children of the families, again, are going to be in reduced financial straits. It becomes less likely that they will have the ability to go to college and have the future that you planned for them.