

Prostate Cancer Screening and Prevention

Name

Instructor

Institution

Location

Date of Submission

Introduction

For the last few years the number of people who have been diagnosed with cancer has increased. Indeed, Resnick et al. (2013) makes an observation that prostate cancer is one of the major diseases that men are increasingly battling with. For this among other reasons, most medical health researchers have dedicated their time and resources to finding out more information about prostate health and some of the ways to prevent or treat it. This paper analyses various articles on prostate cancer screening and prevention, with the main objective been to establish how the different articles relate to each other and the extent to which they can assist one to have a better understanding of prostate cancer screening.

Article Analysis on Recommendations by the USPSTF

In a New York Times article, Gardiner (2011) points out that it is no longer necessary for healthy men to undergo screening for prostate cancer as it is not proven as a factor that assists in saving lives. Instead, conducting a Prostate-Specific Antigen (P.S.A) blood test when screening for prostate cancer leads to more tests and treatment that has limitations like many tests and treatments that are believed to cause pain, incontinence among men, as well as, impotence among other devastating effects. For this reason, the United States Preventive Services Task Force (USPSTF) have provided some recommendations on prostate cancer screening hence the need to establish the appropriateness of the recommendations, whether any revision can be made, as well as, some of the reasons for this particular belief.

Given the prominence of the issue of prostate cancer screening among various medical health researchers, various scholars have dedicated themselves towards

conducting research on the same issue. From the articles, it is clearly evident that they are interconnected in a way that they present their readers with a bigger picture of prostate cancer and screening against the disease. For instance, the article presented by Gardiner (2011) mentions on how vain it is for men who are healthy to keep testing for prostate cancer. O'Conner (2016) on the other hand goes ahead to present guidelines on men's and boys' diet and how they should cut down on protein and sugar. The second article by O'Conner (2016) is presented as one that seeks to react and respond to the article by Gardiner (2011) who provides the recommendations made by the United States Preventive Services Task Force (USPSTF). Both articles are among those that work in an inter-related manner to assist individuals in understanding prostate cancer and screening among other aspects of the disease.

USPSTF's 2011 Recommendations

Based on the popularity of prostate among other forms of cancers various researchers have established some recommendations that ought to be followed. For instance, the United States Preventive Services Task Force (USPSTF) is among those that laid down some recommendations with regard to prostate cancer and screening. In this case, it is of great importance to examine how appropriate these recommendations are, whether they need to be revised, and the reasons to justify my beliefs.

One of the recommendations by the task force is that which came after that which was barring women from getting their routine mammogram. This particular recommendation is that which requires men to avoid the P.S.A test in relation to prostate cancer. According to Dr Virginia Moyer, there is no evidence of the effectiveness of the P.S.A test and she further expounds on the need to identify a particular test that would

establish which form of cancer has an effect on men (Gardner, 2011). In terms of appropriateness for this particular recommendation in relation to the P.S.A test, it is necessary to mention that past research reveals that the harms of conducting this particular test actually outweigh the benefits. In this case, one can argue that the prostate-specific antigen test (PSA test) is not only unreliable, but one that can be termed as useless. However, Smith (2012) points out with regard to a study group in Canada that despite the fact that its effectiveness is questionable, the Canadian men still portray a favourable impression of the P.S.A test.

Another recommendation by the United States Preventive Services Task Force (USPSTF) is that concerning the issue of treating men that have high levels P.S.A. According to the observation made by the task force, most of the doctors and the manufactures of drugs consider the treatment of prostate cancer as a form of lucrative business. Given the increasing popularity of the P.S.A test, it is clearly evident that the task force will get some resistance from both the doctors and the manufactures of drugs (Gardiner, 2011). Of particular interest is the fact that since its introduction, the P.S.A test when carried out has proven that men that conduct the test end up receiving radiation therapy or surgery. It is also necessary to point out that other negative impacts of the treatment taken following the P.S.A test has led to impotence, hot flushes, blocked hormones, and enlarged breasts among other negative effects in men. This particular recommendation also seems appropriate considering the fact that medical researchers among other practitioners think that the test might not be very useful in treating prostate cancer.

Following the recommendations made by the United States Preventive Services Task Force (USPSTF), there is an impact on the capacity of the federal health care programs like Medicare among other private health plans to pay for a P.S.A test. However, it is necessary to mention that different individuals have different opinions concerning the significance of taking a P.S.A test. While some agree to the fact that a P.S.A test is not very useful in treating prostate cancer, others hold on to the idea that taking this particular test has saved their lives.

Having examined the recommendations made by the United States Preventive Services Task Force (USPSTF), it is necessary to mention that the reason as to why I believe that the recommendations are appropriate is in relation to the extensive research conducted concerning the effectiveness of the research. In this case, what might seem more appropriate is to have the health care practitioners devote themselves in establishing a particular test other than the P.S.A as a means of saving lives and dealing with prostate cancer issues effectively.

Conclusion

From the above discussion, it is clearly evident that the Prostate-Specific Antigen (P.S.A) test has received much attention from the researchers; with most agreeing to the fact that it may not be a very useful or relevant test in addressing prostate cancer. This calls for another test that may assist in addressing prostate cancer among the male patients from different places across the globe.

References

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