

# The controversial screening for prostate cancer

## El cribado controversial para cáncer de próstata

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Prostate Cancer (PC) is the worldwide most frequent neoplasm among males<sup>1</sup>, with the highest incidence rates in North America, Australia, New Zealand and Western Europe<sup>2</sup>. Most of the cases display a slow and asymptomatic growth<sup>3,4</sup>, and are mainly detected at medical routine controls in males over 65 years<sup>5</sup>. Screening programs have been developed in order to reduce prostate cancer-specific mortality and to enhance patients' quality of life. However, its effectiveness has caused a lot of controversy, and a permanent debate within the medical community. In this line, different recommendations have been issued by medical and government organizations.

The use of prostate-specific antigen as a marker, a cornerstone of PC detection during last decades<sup>6</sup>, has remained under discussion due to the uncertainty surrounding its benefits, risks and optimal strategy of prescription<sup>7</sup>. On the other hand, screening necessarily implies overdiagnosis and overtreatment<sup>8</sup>, which turn into negative aspects when considering that many cases of PC will present a low morbidity related to the illness and will remain in low grade stages for years<sup>9</sup>. Furthermore, a great proportion of patients suffering from the illness will never be diagnosed and will die due to another cause<sup>3,4</sup>.

To date, there is enough evidence that support the fact that PC diagnosis is higher in screened patients<sup>8-10</sup>, mainly localized PC and, with a lower proportion, those who are in advanced stages. Nevertheless, a Cochrane systematic review found that PC screening has not reduced global or specific mortality globally<sup>8</sup>.

Undoubtedly, it is of utmost relevance to optimize screening methods in PC. Enhancement of prostate-

specific antigen usage and the growing evidence about recently discovered tumor markers, are promissory tools that might decrease the implications of overdiagnosis, allowing to distinguish patients with asymptomatic PC from those who will need a more aggressive management<sup>11</sup>. Thus, the aftermath derived from the curative treatment might be avoided<sup>12</sup> when taking into account that screening has increased the localized PC diagnosis<sup>8</sup>. Meanwhile, clinical decisions should be guided by the best available evidence.

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