Twelve Long Years: The Perils of PSA Testing
Benjamin Mba, MBBS, MRCP (UK), FHM, FACP

Dr. Mba is associate professor of medicine at Rush University Medical Center and associate chair of medicine for faculty development at Stroger Hospital of Cook County in Chicago.

The cornerstone of diagnostic reasoning is assigning an appropriate pretest probability to a clinical scenario. A man’s lifetime incidence of prostate cancer is 15%; my dad was 65 years old, African, and had an elevated PSA. A PSA of at least 20 has a positive likelihood ratio of 28 for diagnosing prostate cancer. Based on all this, my gut feeling was that my dad had a 75% to 80% probability of having prostate cancer diagnosed on biopsy. In fact in my mind it wasn’t a question of whether he had cancer—it was a case of whether it was localized or not. Men with prostate cancer and a PSA greater than 20 have a 16% probability of having bone metastasis. I explained all this in the most positive way I could. He had a biopsy. The biopsy revealed BPH and high-grade prostatic intraepithelial neoplasia (HGPIN) and adjacent small cell acinar proliferation (ASAP) suspicious for malignancy. What did this mean? It was as clear as mud to us. My father had an elevated PSA. The uncertainty was great. The lines were blurred now; I would have to help him navigate this. He had just lost his wife; I and my siblings had just lost our mom, and we were faced with a potential cancer diagnosis.

My father had no symptoms of prostatitis to explain his elevated PSA. I was concerned about prostate cancer. According to the International Agency for Research on Cancer (World Health Organization), prostate cancer is the most common cancer among men in 111 countries worldwide. The incidence rate in blacks is greater than in whites, with men of African ancestry having the highest incidence. According to the American Cancer Society, a man’s lifetime risk of developing prostate cancer is 15% and dying from it is 2.7%.
Finally, in 2014, a repeat PSA was 398, and a bone scan and CT revealed multiple osseous lesions. He seemed relieved by the news; he could finally let go of the uncertainty. Honestly, I felt the same way. He did not want any more biopsies. In consultation with his urologist, a clinical diagnosis of metastatic prostate cancer was made, and he started hormonal treatment. It took us 12 years at a tremendous emotional toll to get here.

This has been a long journey and struggle for father and son. I am glad I was, and will always be, there to support my father. Should I feel guilty for recommending the PSA test in the first place? As a 42-year-old man, should I check my own PSA level? Would you? Our story underscores the importance of involving patients in the decision to proceed with PSA screening, as recommended by various expert bodies.

References