Between 2007 and 2009, the adjusted incidence rate for early-stage tumors among men 75 years and older decreased from 443 to 330 per 100,000 (−25.4%; P < .001). The absolute number of cases declined from 8137 to 6162. The incidence of late-stage tumors decreased from 83 to 71 (−14.3%; P < .001), and the incidence of tumors with unknown stage decreased from 124 to 103 (−16.8%; P < .001). The incidence of early-stage tumors among men aged 65 to 74 years decreased from 697 to 591 (−15.2%; P < .001). The incidence of early-stage tumors among men aged 30 to 64 years decreased from 105 to 93 (−11%; P < .001). Incidence trends for all age and stage groups are given in the eTable (http://www.archinternmed.com).

Comment. There was an immediate decline in the incidence of early-stage prostate cancer tumors among men 75 years and older after the USPSTF recommended against screening this group. The magnitude of the decline was larger than the secular decline in the incidence rate for other stage and age groups. The results are consistent with the hypothesis that the revision of the USPSTF recommendations led to a small to moderate decline in prostate cancer screening rates. Many men 75 years and older may continue to receive screening tests. Some of the decline in the incidence of late-stage tumors may be attributable to decreases in screening via digital rectal examinations.

Prasad et al.10 report that there was no change in self-reported prostate-specific antigen (PSA) screening rates between the 2005 and 2010 National Health Interview Surveys. Self-reported PSA testing measures have poor sensitivity and specificity.1,3 Small physician surveys indicate that 20% to 30% of physicians do not always discuss PSA screening with patients prior to ordering tests.5,7 Physicians who discontinued prostate cancer screening for all men 75 years and older may not have discussed the decision with patients. A snapshot of self-reported PSA testing rates may lack sensitivity to detect small to moderate changes in screening patterns. Based on trends in prostate cancer incidence rates, the impact of the revised USPSTF recommendation on screening rates merits further investigation.

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