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Re: Prognostic Significance of Digital Rectal Examination and Prostate Specific Antigen in the Prostate, Lung, Colorectal and Ovarian (PLCO) Cancer Screening Arm

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EDITORIAL COMMENT

The Prostate, Lung, Colorectal and Ovarian (PLCO) Cancer Screening Trial is a large population-based randomized trial designed and sponsored by the National Cancer Institute to determine the effects of screening on cancer-related mortality and secondary endpoints in men and women aged 55 to 74 years. The prostate component of the PLCO trial was undertaken to determine whether there is a reduction in prostate cancer mortality with screening using serum prostate-specific antigen (PSA) testing and digital rectal examination (DRE). The absence of benefit of population-based screening influenced the subsequent U.S. Preventive Services Task Force (USPSTF) recommendation against routine PSA screening. The USPSTF did not address DRE. Therefore, the authors have evaluated the prognostic value of abnormal DRE and PSA following the widespread use of PSA testing. They assessed the association of suspicious DRE and abnormal PSA with the detection of clinically significant prostate cancer, prostate cancer mortality and overall mortality. The data showed that suspicious DRE and abnormal PSA were significantly associated with clinically significant prostate cancer. There was only moderate agreement between PSA and DRM in each screening encounter. The authors emphasized the continued role of DRE and PSA and need for additional research to optimize screening protocols.

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