Falling through the cracks: New Zealand prostate cancer survivors’ experiences and views regarding PSA testing

Prostate cancer (PCa) is the most common male cancer in many countries.\(^1\) The 5-year survival rates for PCa are rising, with this thought to reflect improvements in early detection via prostate-specific antigen (PSA) testing and improved outcomes from treatment options.\(^2\) However, there are also risks associated with PSA testing, such as misdiagnosis and harmful side-effects from various treatments that may outweigh any potential benefits, especially for older men.\(^3\)

The aim of this study was to identify and examine PCa survivors’ experiences and views regarding PSA testing.

Participants were 8 PCa survivors aged 60 years and older (65.0±6.5 years) who had taken part in a larger qualitative study that examined perceived quality of life and perceived barriers and facilitators for physical activity post diagnosis.\(^4,5\)

Table 1 provides information on participant characteristics.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>65.0±6.5</td>
</tr>
<tr>
<td>Time since diagnosis (years)</td>
<td>1.4 ±0.8</td>
</tr>
<tr>
<td>Gleason scores</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>1 (13%)</td>
</tr>
<tr>
<td>7</td>
<td>4 (50%)</td>
</tr>
<tr>
<td>9</td>
<td>3 (38%)</td>
</tr>
<tr>
<td>Previous prostate-related surgery</td>
<td>5 (63%)</td>
</tr>
<tr>
<td>Previous chemotherapy treatment</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Previous radiation treatment</td>
<td>0 (0%)</td>
</tr>
</tbody>
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Note: Data for the Gleason scores, prostate-related surgeries, chemotherapy and radiation treatment includes the absolute number of participants and in parentheses, the percentage of participants. Percentages do not necessarily add to 100% due to rounding errors.

Participants took part in a 70-minute focus group which was audiotaped. Responses were analysed using an inductive thematic approach.\(^6\) Three main themes emerged:

Theme 1: Bad camp and good camp

This theme was related to the concept of two viewpoints that participants referred to as the ‘bad camp’ and ‘good camp.’ The ‘bad camp’ was perceived to consist of GPs who followed the Ministry of Health guidelines, which do not support screening asymptomatic men. The ‘good camp’ was perceived to consist of GPs who monitor their middle-aged to older-aged patients’ PSA levels via annual blood tests, and who typically refer their patients to a urologist for further investigation if their PSA exceeds a certain threshold level.
The following quotes illustrate how participants viewed the concept of the ‘bad camp’:

“There is two camps. There is the camp that is simply listening to the Government guidelines… which is effectively discouraging men to go to specialists because radical surgery has got its problems, and they want to minimise that.”

You've got men's lives being played with on the basis that the statistics say that between...PSA of 3 and let's say 12, 95% haven't got cancer. You've got this 5% falling through the cracks, and I happened to be one of them.”

The following quotes illustrate how participants viewed the concept of the ‘good camp’:

“My doctor.....as soon as he noticed it rising he sent me through to a ... (urologist)...so that was fantastic, he must have been in the good camp.”

“My doctor sent me for blood tests every 12 months...he monitored the PSA until it got to 5, I think. He sent me off to the specialist. So I was very fortunate.”

**Theme 2: Early detection**

This theme was related to participants’ views on PSA testing as a form of early detection. The following quotes demonstrate these points:

“Why not have a form of screening early so that the surgeons can then present more than one option, as opposed to one option.”

“It might be false, but too bad.”

**Theme 3: Publicity and awareness**

This theme related to participants conveying the view that GPs as a group were not providing adequate information to their patients regarding prostate health, which was in contrast to the growing public awareness of prostate health issues through the media.

These perceptions are conveyed in the following quotes:

“There is more publicity given to prostate cancer now.”

“And this is the travesty! I'm surprised that the doctors, the GPs were not a little bit more progressive and proactive in getting the message across to people.”

PCa survivors in the present study conveyed that men should receive more balanced information from their GP’s regarding both the risks and benefits of PSA testing. Previous studies that have examined both the views of asymptomatic men and survivors regarding PSA testing, found that men in general were mostly in favour of PSA testing.

In most cases these men felt that such a test would be beneficial in regard to early detection and treatment options. However, the majority were largely unaware of any risks associated with such screening. The men in our study also seemed unaware of any possible adverse events relating to the outcomes PSA testing.

The National Health Committee's 2011 inquiry into early detection and treatment of PCa may be a catalyst for Government-based guidelines change regarding patient education and primary care practice for PCa detection and treatment in New Zealand.

Recommendations include providing GPs with relevant information and support in the form of best-practice, including encouraging GPs to advise men who have a strong family history of PCa to have PSA tests from the age of 40 years onwards.
While this study only included responses from a small number of men, the aim was to provide an avenue for survivors’ to voice and discuss their experiences and views regarding a salient, controversial issue.

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References: