

Prostate examinations are overlooked

ERIC A. KLEIN, MD AND ROBERT W. GERLACH, MPA

IGITAL rectal examination can detect asymptomatic abnormalities in the prostate, but many physicians do not include this procedure in routine examination of the age group in which prostate cancer most frequently develops.

Of 433 men over age 40 who participated in free screening programs at The Cleveland Clinic Foundation in 1989 and 1990, 8% said they had never had the examination. Of 153 men who reported having a physical examination during the previous 12 months, 44% said digital rectal examination of the prostate was not included. Most of the men screened (67%) reported they had not had a digital rectal examination in the previous 12 months.

Digital rectal examination revealed abnormalities in 16% of the men who were screened. Of those with abnormal findings, 21% were asymptomatic and reported they had experienced no prostate-related problems during the previous 6 months.

The 1990 program included measurement of prostate-specific antigen (PSA) levels in blood drawn just before digital rectal examination. The digital rectal examination revealed abnormalities in 16% of 214 men screened in 1990. An additional 13% who had normal digital rectal examinations had abnormal PSA levels (greater than 5.0 ng/mL).

Men with abnormal physical findings, abnormal PSA levels, or both, were instructed to contact their

physicians for further evaluation; these men accounted for 29% of the total group. Men with normal physical findings and PSA levels ranging from 2.5 ng/mL to 5.0 ng/mL (15%) were instructed to discuss the need for additional PSA determinations with their physicians. Men whose physical findings were normal and PSA levels were less than or equal to 2.5 ng/mL (56%) were advised to continue a program of annual examinations. Results of follow-up are unavailable.

The volume of requests for screening indicates that men are amenable to having the examination performed. A total of 965 men over age 40 requested examination in response to the program. The screening took place the past 2 years, in connection with National Prostate Cancer Awareness Week. Those who could not be scheduled were sent printed information advising annual prostate examination, as recommended by the American Cancer Society.

Our results suggest that the digital rectal examination can detect silent abnormalities and therefore should be performed annually in men over age 40.

Prostate cancer is the most common cancer in American men, and the second leading cause of cancer deaths among men. With early detection, this cancer is potentially curable, and even later-stage disease can be treated with life-extending therapies if intervention is timely.

BIBLIOGRAPHY

Catalona WJ, Bigg SW. Nerve-sparing radical prostatectomy: evaluation of results after 250 patients. J Urol 1990; 143:538–544.

Crawford ED, Eisenberger MA, McLeod DG, et al. A controlled trial of leuprolide with and without flutamide in prostatic carcinoma. N Engl J Med 1989; 321:419–424.

Thompson IM, Fair WR. Screening for carcinoma of the prostate: efficacy of available screening tests. World J Surg 1989; 13:65–70.

From the Department of Urology (E.A.K.) and the Cancer Center (R.W.G.), The Cleveland Clinic Foundation, Cleveland, Ohio

Address reprint requests to E.A.K., Department of Urology, The Cleveland Clinic Foundation, One Clinic Center, 9500 Euclid Avenue, Cleveland, Ohio 44195.

THE CLEVELAND CLINIC FOUNDATION

Presents



This course is directed to practicing urologists. "State of the Art" lectures will be given as well as overall reviews and updates as key subjects. Areas of emphasis include: stone disease and endourology, urologic oncology, female urology and urodynamics, pediatric and reconstructive urology, and andrology.

Bunts Auditorium The Cleveland Clinic Foundation Cleveland, Ohio

For further information and a descriptive brochure, please write or call:

Department of Continuing Education

The Cleveland Clinic Educational Foundation 9500 Euclid Avenue, Room TT-31 Cleveland, OH 44195-5241

216-444-5696 (Local)

800-762-8173 (Other)