

spending is bound by the rules of all zero sum enterprises—dedicating resources to wayward testing subtracts from our ability to deliver beneficial services.

- *Decreased trust:* when doctors recommend medical services that are not clinically indicated, informed patients become less confident in the knowledge and integrity of individual doctors and the medical profession in general.

As lawmakers and the public seek advice on how to effectively provide health care in the face of increasing needs and diminishing resources, can Family Medicine doctors genuinely expect to be listened to if we cannot overcome our patients' and our own fondness for expensive futility?

Peter G. Teichman, MD, MPA
FV Hospital
Ho Chi Minh City, Vietnam
keqfap@yahoo.co.nz

Reference

1. Hudson SV, Ohman-Strickland P, Ferrante JM, Lu-Yao G, Orzano AJ, Crabtree BF. Prostate-specific antigen testing among the elderly in community-based family medicine practices. *J Am Board Fam Med* 2009;22:257–65.

doi: 10.3122/jabfm.2009.06.090131

The above letter was referred to the author of the article in question, who offers the following reply.

Response: Re: Prostate-Specific Antigen Testing among the Elderly in Community-Based Family Medicine Practices

To the Editor: I appreciate Dr. Teichman's interest and response¹ to our article on prostate cancer screening in the elderly.² I agree with his assessment of thoughtless

practice and its potential harms. After this article went to print, initial results from the Prostate, Lung, Colorectal and Ovarian Cancer (PLCO) Screening trial were published and provide additional support for our concern that aggressive prostate cancer screening and treatment for the elderly is not effective, patient centered, or efficient. In the PLCO trial, Andriole et al³ found that prostate cancer screening provided no reduction in death rates at 7 years and that two-thirds of study participants reported no screening benefit at 10 years of follow-up. They, therefore, concluded that their results support the validity of the US Preventive Services Task Force recommendations against screening men over 75 years of age. Consequences of overdiagnosis and overtreatment are not insignificant for either patients or clinical practice.⁴ The question regarding family medicine's leadership role in the informed or shared decision making conversation is an important issue that needs to be addressed.

Shawna Hudson, PhD
The Cancer Institute of New Jersey
Department of Family Medicine
UMDNJ-Robert Wood Johnson Medical School
New Brunswick, New Jersey
hudsonsh@umdnj.edu

References

1. Teichman PG. Re: prostate-specific antigen testing among the elderly in community-based family medicine practice. *J Am Board Fam Med* 2009;22:707–8.
2. Hudson SV, Ohman-Strickland P, Ferrante JM, Lu-Yao G, Orzano AJ, Crabtree BF. Prostate-specific antigen testing among the elderly in community-based family medicine practices. *J Am Board Fam Med* 2009;22:257–65.
3. Andriole GL, Crawford ED, Grubb RL, 3rd, et al. Mortality results from a randomized prostate-cancer screening trial. *N Engl J Med* Mar 26 2009;360:1310–9.
4. Boyle P, Brawley OW. Prostate cancer: current evidence weighs against population screening. *CA Cancer J Clin* 2009;59:220–4.

doi: 10.3122/jabfm.2009.06.090208