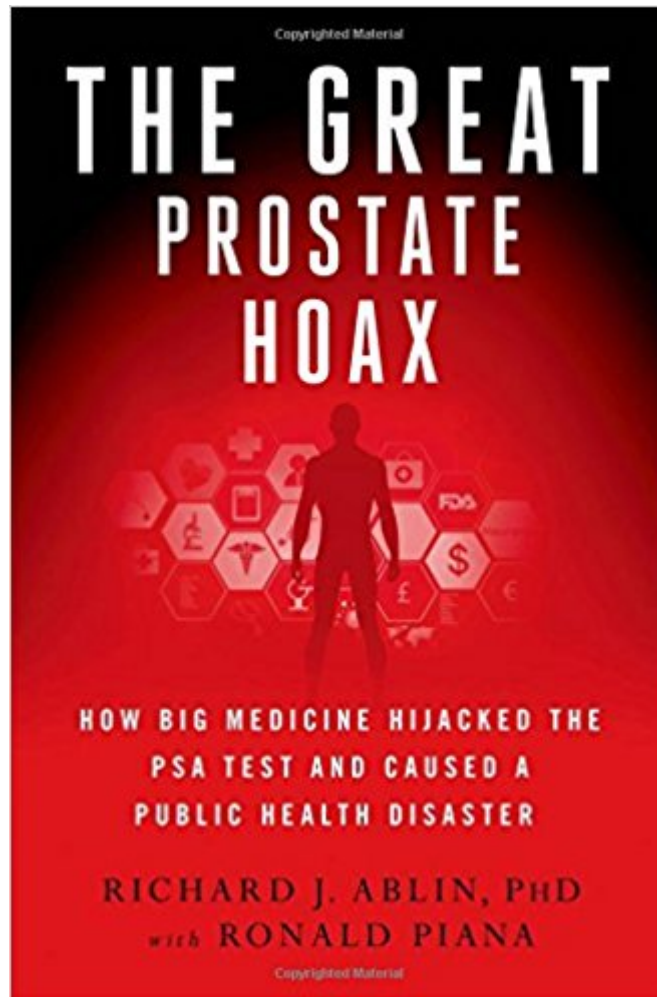


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The Great Prostate Hoax: How Big Medicine Hijacked The PSA Test And Caused A Public Health Disaster



Synopsis

Every year, more than a million men undergo painful needle biopsies for prostate cancer, and upward of 100,000 have radical prostatectomies, resulting in incontinence and impotence. But the shocking fact is that most of these men would never have died from this common form of cancer, which frequently grows so slowly that it never even leaves the prostate. How did we get to a point where so many unnecessary tests and surgeries are being done? In *The Great Prostate Hoax*, Richard J. Ablin exposes how a discovery he made in 1970, the prostate-specific antigen (PSA), was co-opted by the pharmaceutical industry into a multibillion-dollar business. He shows how his discovery of PSA was never meant to be used for screening prostate cancer, and yet nonetheless the test was patented and eventually approved by the FDA in 1994. Now, doctors and victims are beginning to speak out about the harm of the test, and beginning to search for a true prostate cancer-specific marker.

Book Information

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Customer Reviews

I am 67 years old and just recently developed BPH which my urologist had been treating very well with alfuzosin but on every visit he drew blood for testing. On the third visit he claimed that my PSA was up to around 5. This, he told me, could be a precursor to cancer although it was doubtful. He suggested I do an in-office biopsy and that it "is not so bad." Holy moley, it was the most painful thing I have ever endured in my life; said life includes many root canals, self-setting a broken leg in an emergency situation and every usual thing one meets up with. (Not to mention a few days of

horrible, bleeding recovery he never even mentioned would happen beforehand). As the book suggests is pretty much the norm on this all-too-useless test it returned a negative. Thank God it didn't do a false positive! Or even a real positive which the book explains is not really anything to base any decision solely upon. I don't really know my doctor personally. I would like to think that he is as taken-in by the PSA Hoax as are many urologists and not just a greedy (word I can't type here). I know when I see him next I will come with a copy of this book and insist that he stop the PSA screening and just continue to treat my BPH with prescription renewals. I have to say: I am outraged. I feel personally violated, betrayed and am angry with the entire Big Medicine Show that this book details so well. By the way, this book IS really a top-notch example of scientific reportage and of investigative Journalism. I worked in magazines for thirty years -- consumer level magazines with well over 6 million circulation. I say this because I want to offer it as a credential to help you to believe my judgement of this author's veracity and objectivity is on the mark. If you are a male and you have any sort of prostate issue you need to buy this book, to read it, to be forewarned and to know what steps to take. Don't mess with your health. Take control and be informed. Good luck!

After reading this excellent book, I now wonder three years after completing prostate cancer treatment and being cancer free with minimal side effects, if I really needed treatment. When I was diagnosed with prostate cancer my background as a psychologist with an interest in research led me to reviewing the literature on prostate cancer. I became aware of the risks of severe side effects inherent in most prostate cancer treatments and the dangers of the profit driven prostate cancer industry. I then selected the treatment I believe has the least risk of side effects, proton therapy. I discovered that most of the men going through this treatment with me also invested a great deal of time and effort reviewing this same literature. Unfortunately, most men don't seek such knowledge and instead make the understandable mistake of trusting the physician, almost always a urologist, who diagnosed their prostate cancer and then recommends treatment. A very real danger exists when the livelihood of this physician is based on patients agreeing to the treatment he or she is recommending and then providing. Dr. Richard Ablin has clearly achieved his stated goal for writing this book of "exposing the abuse of power and profit over patient ethos" as the prostate cancer industry incorrectly uses the PSA to scare men into treatment. Men should not automatically agree to the use of the PSA to aid in diagnosing prostate cancer. They should instead get a second opinion from their internist or medical oncologist. Men diagnosed with prostate cancer should consider watchful waiting and also do their research on the side effects of different treatments. I strongly encourage men and their loved ones to read this important book. Harold

Dawley, Ph.D., author "Proton Warriors" "Surviving Prostate Cancer AND The Prostate Cancer Industry."

The P.S.A. test is the most commonly used means for detecting prostate cancer, discovered by author Richard Ablin in 1970, and since used to test millions of men each year at a cost of at least \$3 billion. The only problem - Ablin contends it is nearly worthless as a test for cancer. Test results are affected by infections, OTC drugs like ibuprofen, and benign swelling of the prostate - none of which signal cancer. Only about 3% of American men die from prostate cancer, while 16% receive a diagnosis of prostate cancer. The difference is because the majority of prostate cancers grow slowly. A New England Journal of Medicine published results from the two largest studies of P.S.A. screening - over a period of 7 - 10 years it did not reduce the death rate in men 55 and older. Why is it still used? Because drug companies and advocacy groups push it. Stopping the inappropriate use of P.S.A. screening would save billions of dollars and rescue millions of men from unnecessary, debilitating treatments each year.

Good information on the problems associated with PSA testing and the pitfalls of biopsies and surgery. A missing element was what are the other options? How is a low grade cancer sorted out from a high grade one? I happen to be a physician with an elevated PSA and went through the biopsy. It wasn't pleasant, but at the time it was necessary. I was expecting more from this author. Although he was involved in the original research with PSA, where are we today? I agree with other reviews on the length of the book. It could have been a lot shorter. The issues brought up by the author on government stupidity or roadblocks and financial incentives was well done, but after all it is the American way. Over all this was a well written book but it could have benefited by better editing and conclusions at the end on how an individual should proceed.

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