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PROSTATE

Continued from the prior page when researchers looked at overall incidence of prostate cancer among the participants. "It was after diagnosis of prostate cancer that there appeared to be a benefit," said Christopher Allard, lead author of the study and a urologic oncology fellow at Harvard Medical School. "It doesn't affect the incidence, but it affects the progression."

He termed the findings "compelling," but along with other cancer experts cautioned that observational studies don't prove aspirin's protective role in the disease. Moreover, it isn't certain what dose of aspirin was associated with the outcome.

Dr. Allard said one hypothesis for the findings is that by inhibiting platelets, aspirin blocks tumor cells from metastasizing to the bone.

Regular aspirin use is also associated with protection against colorectal cancer and cardiovascular disease. But it comes with gastrointestinal side effects including bleeding that can cause serious complications in some people.

Sunmanta Paul, an oncologist and ASCO spokesman, called the results "intriguing" but said patients considering an aspirin strategy to prevent progression of prostate cancer should discuss risks and benefits with their doctors.

The study related to prostate screening looked at thousands of patients at a large urology practice covering eight counties around New York City before and after 2012, when the U.S. Preventive Services Task Force recommended against routine screening with what is known as a prostate-specific antigen, or PSA test.

The concern is that most of the cancers the test detects are harmless but lead many men to undergo surgery and other procedures that leave them with life-altering side effects, such as incontinence and impotence.

Among men getting prostate biopsies at the practice, those that found cancer rose from 40% in 2010 and 2011 to 45% in 2015, according to the study. The percentage of those cancers considered high-risk—with a Gleason score of 8, 9 or 10—also increased from 10% of all newly detected cancers in 2010-2011 to 28% in 2014.

Deepak Kapoor, chief executive of the urology practice, Integrated Medical Professionals, and a co-author of the study, said the results are "a remarkable shift" in a "very short period of time."

It isn't surprising that significant cancers are rising as a percentage of a shrinking total. Reducing the high rate of unnecessary biopsies and finding fewer low-risk cancers that may not need treating were two of the task force's goals in recommending against regular prostate screening.

But Dr. Kapoor said the absolute number of high-risk cancers seen at the practice is rising as well—to 239 in 2015, up from 219 in 2010-2011.

"In a single practice where there have been no changes in clinical patterns or interpreting pathologists, this is very disconcerting," Dr. Kapoor said.

Still, it's unclear whether the change is completely due to the federal task force's 2012 recommendations. The study didn't record why the men were referred for biopsies, how often they had been tested for PSA or whether the average PSA levels had changed. The study also didn't indicate whether there was a change in the stage of cancers found among the men who had prostatectomies. It won't be clear for many more years whether more men will die of prostate cancer.

"There are too many potential confounders in this study to be sure of the results," said Peter Carroll, chief of urology at the University of California, San Francisco, who wasn't involved in the research.

Dr. Kapoor said, "I'm not suggesting that we have the definitive answer. But something is going on here that we need to understand better." The U.S. Preventive Services Task Force is currently reviewing its prostate cancer recommendation for 2017.