Richard Ablin is a PhD researcher. He discovered that the prostate gland can produce a particular protein that he named, Prostate Specific Antibody. Men with prostate cancer may see rising levels of this protein. It is not produced simply by cancer — levels can rise anytime the gland is inflamed.

Early in Chapter One, Ablin says, “It would come to me several years after I discovered PSA, an internal stirring that something I was part of was going terribly wrong. A scientific sleight of hand had recklessly sparked a destructive wildfire of false hope in our health system -- I know it would be near impossible to confine, let alone put out.” This is the central message of the book. How can we bring rationality back to the screening for and treatment of prostate cancer?

Thirty years ago, prostate cancer was not diagnosed until a man experienced back pain, resulting from metastases in the spine. On average, patients survived an additional eighteen months. Annually, thirty thousand men died of prostate cancer. Now, because of PSA testing and biopsies, 200,000 men a year get treated for prostate cancer. Treatment has major side effects, which include sexual impotence and incontinence. Yet, despite all this treatment, we still have the same 30,000 deaths. The remaining 170,000 men would not have died anyway, even without any treatment.

Although the problems with American medicine have been brewing for decades, they are only just beginning to come into popular consciousness. For a fuller look at cancer screening and therapy, I also suggest reading, How We Do Harm, by Otis Brawley, MD.

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