

## STATISTICAL BRIEF #233

January 2009

# Screening for Prostate Cancer with the Prostate-Specific Antigen Test—United States, 2006

*Erwin Brown, Jr., BS*

### Introduction

Prostate cancer is one of the most common forms of cancer among men, and one of the leading causes of cancer death among men in the U.S. civilian noninstitutionalized population. However, many more men will be diagnosed with prostate cancer than will eventually die from it. The U.S. Food and Drug Administration (FDA) has approved the prostate-specific antigen (PSA) test along with a digital rectal exam (DRE) to help detect prostate cancer in men age 50 and older. Currently there is no consensus on the appropriate use of the PSA test for early detection of prostate cancer. The U.S. Preventive Services Task Force (USPSTF) recommends against screening for men age 75 and older. Furthermore the USPSTF suggests that men younger than 75 discuss the benefits and harms of the PSA test with their clinicians prior to testing.

Health insurance coverage is associated with access to medical care. Studies have suggested that health insurance coverage is associated with the receipt of timely preventive care. This Statistical Brief examines data from the 2006 Household Component of the Medical Expenditure Panel Survey (MEPS-HC) on screening for prostate cancer with the PSA for men ages 50 to 74, by health insurance coverage status. All differences between estimates discussed in the text are statistically significant at the 0.05 level.

### Findings

In 2006, about half (49.7 percent) of men in the United States ages 50 to 74 received a PSA test to screen for prostate cancer within the last year, while more than three-fifths (63.0 percent), were screened within the last two years (figure 1). However, less than half (44.2 percent) of men in the United States ages 50 to 64 received a PSA test to screen for prostate cancer within the last year, while more than half (58.2 percent), were screened within the last two years (figure 1). Men aged 65 to 74 were more likely to have received a PSA test for prostate screening than men ages 50–64. More than three-fourths (76.9 percent) of men ages 65 to 74 received a PSA test in the past two years while nearly three-fifths (58.2 percent) of men ages 50–64 received the test in the past two years (figure 1).

Prostate screening rates with a PSA exam varied by health insurance coverage status for the younger age group. More than three-fifths (62.8 percent) of men ages 50–64 with any private health insurance coverage had received a PSA exam within the past two years, compared with more than one-half (55.8 percent) of men with only public insurance, and nearly one-third (31.1 percent) of uninsured men (table 1). Older men ages 65 to 74 with either Medicare only or Medicare and private insurance were

### Highlights

- In 2006, more than three-fourths (76.9 percent) of men ages 65 to 74 were reported to have been screened for prostate cancer with the PSA test within the last two years versus the nearly three-fifths (58.2 percent) of men ages 50–64.
- Younger men (50–64) without health insurance coverage were less likely than those with any private coverage or public only coverage to receive the PSA test for prostate cancer screening.
- Hispanic men and non-Hispanic blacks ages 65 to 74 were less likely to be screened for prostate cancer with a PSA test within two years than non-Hispanic whites.

substantially more likely to be screened for prostate cancer with a PSA exam within one or two years than those with Medicare and public insurance (table 2).

Among men ages 50 to 64, non-Hispanic blacks and non-Hispanic whites were more likely than non-Hispanics of other races and Hispanics to be screened for prostate cancer with a PSA exam within two years (61.4 percent and 60.2 percent vs. 48.6 percent and 46.2 percent respectively) (table 1). Among men 65 to 74; non-Hispanic white men were more likely to have received a PSA exam within two years than non-Hispanic blacks and Hispanic men in the same age group (80.0 percent vs. 67.2 percent and 60.9 percent) (table 2).

## Data Source

The estimates in this Statistical Brief are based on data from the 2006 Full Year Consolidated Data File (HC-105). This data set contains a sample of 3,147 men ages 50 to 74. The brief examines the preventive care data that were collected in Round 5 of Panel 10 and Round 3 of Panel 11 of MEPS. The health insurance coverage information in this Statistical Brief pertains to calendar year 2006. All results presented in the Statistical Brief are statistically significant at the .05 level.

## Definitions

### *Race/Ethnicity*

Comparisons by race/ethnicity in this Statistical Brief are based on the following four race/ethnicity groups: black non-Hispanic, white non-Hispanic, Hispanic, and other non-Hispanic. Other non-Hispanic includes non-Hispanics who reported to be of a single race other than white or black (i.e., American Indian/Alaska Native, Asian, or Native Hawaiian/Pacific Islander) as well as non-Hispanics who reported to be of multiple races.

### *Insurance status*

Respondents were asked about health insurance coverage for themselves and all household members at each round of interviewing. Persons under 65 were classified according to whether they had private health insurance, had public coverage only, or were uninsured all year.

### *Any private insurance*

This group includes those who, at any time in the survey year, had individual or group plan coverage for medical or related expenses, including prepaid health plans such as health maintenance organizations but excluding extra cash coverage plans, medical benefits linked only to specific diseases (dread disease plans), and casualty benefit plans (such as automobile insurance).

### *Public insurance only*

This group includes persons who were never covered by private insurance during the year but who were covered at any time by Medicare, TRICARE (which covers retired members of the uniformed services and the spouses and children of active-duty military), Medicaid, and other state and local medical assistance programs.

### *Uninsured all year*

This refers to all persons under age 65 with neither public nor private insurance coverage throughout the calendar year.

In this report, persons over age 65 were classified by whether they were covered by Medicare only for the entire year, by Medicare and other public coverage for some or all of the year, or by Medicare and private insurance programs for some or all of the year.

## About MEPS

MEPS is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, health status, as well as a wide variety of social, demographic, and economic characteristics for the U.S. civilian noninstitutionalized population. It is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics.

More information about MEPS can be found at the MEPS Web site at <http://www.meps.ahrq.gov/>.

## References

For a detailed description of the MEPS survey design, sample design, and methods used to reduce sources of nonsampling error, see the following publications:

Cohen, J. Design and Methods of the Medical Expenditure Panel Survey Household Component: Rockville, MD: Agency for Health Care Policy and Research; 1997. MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026. [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/mr1/mr1.shtml](http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr1/mr1.shtml)

Cohen, S. Sample Design of the 1996 Medical Expenditure Panel Survey Household Component. Rockville, MD: Agency for Health Care Policy and Research; 1997. MEPS Methodology Report No. 2. AHCPR Pub. No. 97-0027. [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/mr2/mr2.shtml](http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr2/mr2.shtml)

Cohen, S. Design strategies and innovations in the Medical Expenditure Panel Survey. *Medical Care*, July 2003; 41(7) Supplement: III-5–III-12.

Ezzati-Rice, TM, Rhode, F, Greenblatt J *Sample Design of the Medical Expenditure Panel Survey Household Component, 1998–2007*. Methodology Report No. 22. March 2008. Agency for Healthcare Research and Quality, Rockville, MD. [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/mr22/mr22.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr22/mr22.pdf)

Refer to the following information on current guidelines for cancer screenings sources: The Guide to Clinical Preventive Services, 2008, Recommendations of the U.S. Preventive Services Task Force. <http://www.ahrq.gov/clinic/cps3dix.htm>

Screening for Prostate Cancer, 2008. USPSTF guidelines are also available at <http://www.ahrq.gov/clinic/cps3dix.htm>

For more information on how men can stay healthy at any age, AHRQ has produced a guide on prevention to use in discussions with your physician. <http://www.ahrq.gov/ppip/healthymen.htm>

## Suggested Citation

Brown Jr., E. *Screening for Prostate Cancer with the Prostate-Specific Antigen Test—United States, 2006*. Statistical Brief #233. January 2009. Agency for Healthcare Research and Quality, Rockville, MD. [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/st233/stat233.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/st233/stat233.pdf)

\* \* \*

AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please e-mail us at [mepsd@ahrq.gov](mailto:mepsd@ahrq.gov) or send a letter to the address below:

Steven B. Cohen, PhD, Director  
Center for Financing, Access, and Cost Trends  
Agency for Healthcare Research and Quality  
540 Gaither Road  
Rockville, MD 20850

**Table 1. Percentage of men ages 50–64 who received a PSA test within 1 year and 2 years, by race/ethnicity and health insurance status, 2006**

	Total Population (in thousands)	% Within 1 year	% Within 2 years
<b>Total</b>	26,209	44.2	58.2
<b>Race/Ethnicity</b>			
White non-Hispanic	19,524	46.4	60.2
Black non-Hispanic	2,585	44.7	61.4
Hispanic or Latino (of any race)	2,429	32.7	46.2
Other, non-Hispanic races/multiple races	1,672	35.2	48.6
<b>Insurance status</b>			
Any private	20,835	48.5	62.8
Public only	2,084	40.4	55.8
Uninsured	3,290	19.4	31.1

Source: Center for Financing, Access, and Cost Trends, Household Component of the Medical Expenditure Panel Survey, 2006

**Table 2. Percentage of men ages 65–74 who received a PSA within 1 year and 2 years, by race/ethnicity and health insurance status, 2006**

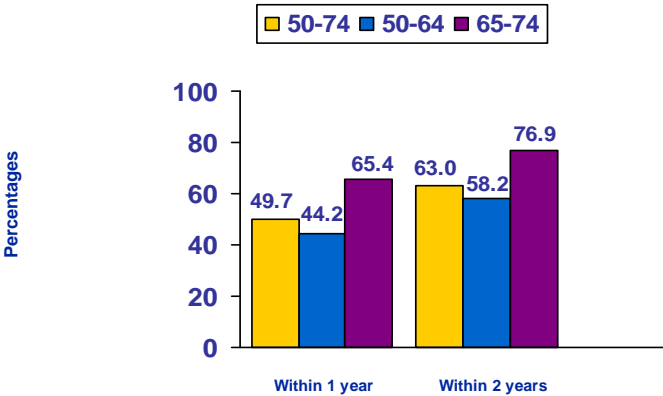
	Total Population (in thousands)	% Within 1 year	% Within 2 years
<b>Total</b>	8,834	65.4	76.9
<b>Race/Ethnicity</b>			
White, non-Hispanic	6,809	67.4	80.0
Black, non-Hispanic	831	57.9	67.2
Hispanic or Latino (of any race)	710	52.0	60.9
Other, non-Hispanic races/multiple races	*	*	*
<b>Insurance status</b>			
Medicare only	2,432	59.2	71.6
Medicare and private	5,350	70.3	81.9
Medicare and public	729	47.0	56.2

Source: Center for Financing, Access, and Cost Trends, Household Component of the Medical Expenditure Panel Survey, 2006

\* Sample size too small to produce reliable estimates.



**Figure 1: Screening for Prostate Cancer with the Prostate-Specific Antigen Test by Age, 2006**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2006