

STATISTICAL BRIEF #42

September 2004

Screening for Prostate Cancer with the Prostate-Specific Antigen Test, United States, 2002

Erwin Brown, Jr., BS

Introduction

Prostate cancer is a major cause of cancer death among men in the United States. However, many more men will be diagnosed with prostate cancer than will eventually die from it. The incidence of and death from prostate cancer varies considerably by racial and ethnic groups; the disease is more common in black men and lower in Hispanics, Asians, and Pacific Islanders. Currently, there is no consensus on the appropriate use of the prostate-specific antigen test (PSA) for early detection of prostate cancer. The U.S. Preventive Services Task Force has declined to recommend routine screening with the PSA test. The American Cancer Society recommends annual testing of men over age 50, and earlier for those at high risk.

Health insurance coverage is associated with access to medical care. Studies have also suggested that health insurance coverage is associated with the receipt of timely preventive care. This Statistical Brief examines data from the Household Component of the 2002 Medical Panel Expenditure Survey (MEPS-HC) on screening for prostate cancer with the PSA test for men ages 50 and older, by health insurance coverage status. All differences between estimates discussed in the text are statistically significant at the 0.05 level.

Findings

Less than half (45.5 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 significantly more, nearly 60 percent (58.9 percent), were screened within the last two years (figure 1). Men ages 65 and over were more likely to have received a PSA test for prostate screening than men ages 50 to 64. More than three-fourths (76.6 percent) of men ages 65 and over (figure 1) received a PSA test in the past two years, while nearly three-fifths (58.9) of men ages 50 to 64 received a test in the past two years.

Prostate screening rates with a PSA exam varied by health insurance coverage status for the younger age group. Nearly two-thirds (63.1 percent) of men ages 50 to 64 with any private health insurance coverage had received a PSA exam within the past two years, compared with about one-half (51.9 percent) of men with only public insurance, and one-third (32.0 percent) of uninsured men (table 1). Similarly, men ages 50 to 64 with any private insurance had a higher rate of PSA testing within the past year than those men ages 50 to 64 who were uninsured or with only public insurance. Older men with

Highlights

- More than three-fourths (76.6 percent) of men ages 65 and older were screened for prostate cancer with the PSA test within the last two years.
- Younger men (ages 50 to 64) without health insurance coverage were less likely than those with coverage to receive the PSA test for prostate cancer screening.
- Regardless of health insurance status, men ages 65 and older had a higher rate of PSA testing than did younger men, ages 50 to 64.
- Among men ages 50 to 64, Hispanic men were less likely to be screened for prostate cancer with a PSA test than non-Hispanic whites.

either Medicare only or Medicare and private insurance were substantially more likely screened for prostate cancer with a PSA exam within one or two years than those with Medicare and public insurance.

Among men ages 50 to 64, non-Hispanic white men were more likely than Hispanic men, and non-Hispanic men of other races, to be screened for prostate cancer with a PSA exam within two years (61.1 percent vs. 50.8 percent and 35.3 percent, respectively). In addition, non-Hispanic white men ages 65 and over were significantly more likely to have received a PSA exam within two years than Hispanic men in the same age group (78.1 percent vs. 65.6 percent) (table 2).

Data Source

The estimates in this Statistical Brief are based on preliminary data from the 2002 MEPS-HC. This data set contains a sample of 37,418 persons. The brief examines the preventive care data that were collected in Rounds 3, 4, and 5 of Panel 6 and Rounds 1, 2, and 3 of Panel 7 of the MEPS survey. The health insurance coverage information in the brief pertains to calendar year 2002.

Definitions

Respondents were asked about health insurance coverage for themselves and all household members at each round of interviewing. Persons under age 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.

Persons over age 65 were classified by whether they were covered by Medicare only, by Medicare and other public coverage, or by Medicare and private insurance programs.

About MEPS-HC

MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the 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 on 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*. MEPS Methodology Report No. 1. HCPR Pub. No. 97-0026. Rockville, Md.: Agency for Health Care Policy and Research, 1997.

Cohen, S. *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 2. HCPR Pub. No. 97-0027. Rockville, Md.: Agency for Health Care Policy and Research, 1997.

Refer to the following information on current guidelines for cancer screenings sources:

Guide to Clinical Preventive Services, Report of the U.S. Preventive Services Task Force (USPSTF), Third Edition: Periodic Updates.

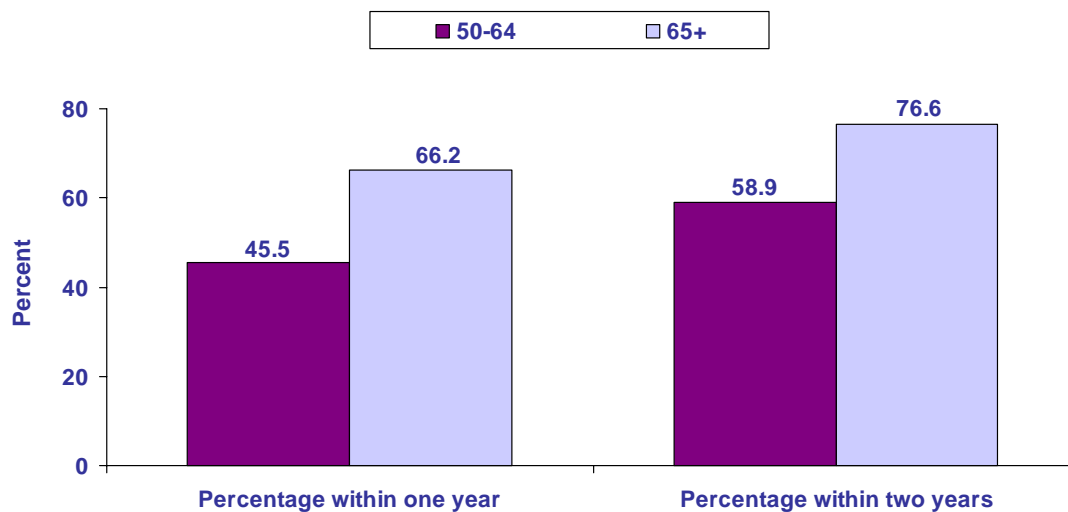
Screening for Prostate Cancer 2002 USPSTF guidelines are also available at <http://www.ahrq.gov/clinic/cps3dix.htm>.

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; see <http://www.ahrq.gov/ppip/healthymen.htm>.

Suggested Citation

Brown, E. *Screening for Prostate Cancer with the Prostate-Specific Antigen Test, United States, 2002*. Statistical Brief #42. September 2004. Agency for Healthcare Research and Quality, Rockville, Md. <http://meps.ahrq.gov/mepsweb/datafiles/publications/st42/stat42.pdf>

Figure 1. Screening for prostate cancer with the prostate-specific antigen test, by age, 2002



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2002



Table 1. Percentage of men ages 50 to 64 who received a PSA test to screen for prostate cancer within one year and two years, by health insurance status, 2002

	Total population (in thousands)	% within one year	% within two years ^a
Total^b	22,840	45.5	58.9
Race/ethnicity			
White, single race, non-Hispanic or Latino	17,752	47.8	61.1
Black, single race, non-Hispanic or Latino	2,233	43.2	59.0
Hispanic or Latino (of any race)	1,633	35.7	50.8
Other races/multiple races, non-Hispanic or Latino	1,223	28.4	35.3
Insurance status			
Any Private	18,540	48.8	63.1
Public Only	1,786	39.1	51.9
Uninsured	2,515	24.8	32.0

^a Includes men who received a screening within one year.

^b Analysis excludes 206 persons with missing PSA data.

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2002

Table 2. Percentage of men ages 65 and over who received a PSA test to screen for prostate cancer within one year and two years, by health insurance status, 2002

	Total population (in thousands)	% within one year	% within two years^a
Total^b	14,773	66.2	76.6
Race/ethnicity			
White, single race, non-Hispanic or Latino	12,098	68.1	78.1
Black, single race non- Hispanic or Latino	1,136	59.4	73.9
Hispanic or Latino (of any race)	913	53.5	65.6
Other races/multiple races, non-Hispanic or Latino	*	*	*
Insurance status^c			
Medicare only	4,053	65.8	75.9
Medicare and private	9,290	69.8	80.6
Medicare and public	1,253	43.4	50.9

^a Includes men who received a screening within one year.

^b Analysis excludes 125 persons with missing PSA data.

^c Excludes 21 persons with private only or uninsured insurance status.

* Sample size too small to produce reliable estimates.

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2002