

Health insurers now cover prostate tests

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A new law quietly went into effect last month that requires health insurers to cover the cost of routine screening for prostate cancer, a measure aimed at encouraging more men to consider the benefits of being tested.

New York is the only state in the country to pass a law supporting full insurance coverage of the PSA (prostate-specific antigen) blood test, which helps determine prostate cancer risk.

The law is the brainchild of a coalition of New York urologists and patient advocacy organizations that saw a need for the legislation and over a two-year period made a case for the measure among Albany legislators.

“As far as physician practices go, we were in the lead,” said Dr. Deepak Kapoor, president of Advanced Urology Centers, which has offices throughout Long Island and in New York City. “This is something that was done for the public good.”

“We had lawmakers on both sides of the aisle who really linked arms together to make this happen,” said Kapoor, a longtime advocate of screening.

Hewlett-based 1 in 9 Long Island Breast Cancer Coalition was one of the leading advocacy groups to support the law, Kapoor said. As far as insurance coverage, New York now puts men’s prostate screening on par with routine mammography, which under the Affordable Care Act became fully covered nationwide with the act’s passage in 2010. Framers of the ACA didn’t extend the same consideration to the PSA, despite the prevalence of prostate cancer in the United States and roughly similar costs for the two forms of cancer screening.

A PSA exam averages between \$60 and \$80, while a mammogram can cost from \$75 to as much as \$250, but generally runs about \$100, according to several local and national patient advocacy organizations.

Some men may have avoided screening because their insurance company required a copay. Others, Kapoor said, may have been wary of testing because of misinformation about the PSA’s reliability. Despite criticism of the test, the PSA in the last few decades has dramatically changed the trajectory of care by offering screening, early detection and prostate cancer management, he said.

“The PSA is part of our armamentarium,” he said of tools to help lower the risk of prostate cancer. “It’s a gateway test. It isn’t perfect and no one would say the PSA alone is a perfect instrument. But it is a tool of a skilled provider to determine if further testing is warranted.”

Prostate cancer is the second-leading cause of cancer in men, with more than 240,000 new diagnoses and 28,000 deaths in the United States annually. No cancer screening is 100 percent accurate but the PSA has been fraught with controversy for years.

The U.S. Preventive Services Task Force discouraged screening in 2012 only to somewhat reverse itself last year. Seven years ago, the panel — an independent committee of health experts empaneled by the U.S. Department of Health and Human Services — gave the PSA a grade of D. The committee makes recommendations on clinical preventive services.

In 2018, panelists issued their final recommendation, giving the PSA a grade of C for men between the ages of 55 and 69, noting those men should have a discussion with their doctors about the pros and cons of the test before undergoing screening. Committee members recommended against screening for men 70 and older, giving it a letter grade of D.

For older men, they concluded that benefits of the test do not outweigh the “harms,” which were defined as the anxiety produced by additional testing required in the event of a positive result. Older men are more likely to have slow-growing tumors that will not lead to their deaths. Men at average risk should consider screening, starting at age 50, Kapoor said, while African-American men and anyone with a family history of the disease should consider screening starting at age 40. Men of all ages should discuss the test with their doctors.

Kapoor — and other doctors — say it’s better to know one’s status than to be left in the dark.

“I was trained as urologist at a time when there wasn’t a way to screen for prostate cancer,” said Dr. Aaron Katz, chairman of urology at NYU Winthrop Hospital in Mineola. “I remember men coming in with extreme bony pain,” Katz said of pain caused by prostate cancer that had spread to patients’ bones by the time the cancer was recognized.

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