Effects of Prostate Cancer Screening and Treatment

1. The PLCO trial results published to date should not be interpreted as evidence against a benefit of PSA screening. *(This Thesis)*

2. Screening reduces the risk of dying from prostate cancer in the future, at the cost of a substantial increased risk of being diagnosed with prostate cancer in the short term. *(This Thesis)*

3. Over the lifetime of 1,000 men using screening between the ages of 55–69 years there is a benefit of 56 quality adjusted life-years. *(This Thesis)*

4. By not screening men who are not willing to accept the side-effects from treatment we might reduce the negative impact of screening. *(This Thesis)*

5. Men aged 55–59 years with moderate-risk prostate cancer are the best candidates for immediate curative treatment. *(This Thesis)*

6. The greater the harm through overdiagnosis and overtreatment from screening, the more people there are who believe they owe their health, or even their life, to the programme. *(The popularity paradox from Raffle and Gray, Screening, 2009)*

7. Decisions have to be made and if they are not made actively, they will be made by default. *(Milton Weinstein)*

8. Medical science has made such tremendous progress that there is hardly a healthy human left. *(Aldous Huxley)*

9. Any sensible statistical model is built using two kinds of resources: data and logical reasoning. *(Daniel Peña Sánchez de Rivera, Trabajos de Estadística, 1988)*

10. Fili no por subi sin su rabu. Cooperation is the natural law of progress.

11. Both optimists and pessimists contribute to our society. The optimist invents the airplane and the pessimist the parachute. *(Gil Stern)*

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