

# Good example of mammogram and psa screening essay

[Health & Medicine](#), [Cancer](#)



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## Question 1

Currently, medical practitioners recommend that women, especially those aged between 50 and 74 years, should to go for mammography screening on a routine basis. This is very crucial since women who are at risk of breast cancer may benefit from the early screening and diagnosis. It is also recommended that they are screened since they may benefit from the risk reduction strategies that are already existent. The frequency of screening is normally recommended annually to minimize risks. Prostate specific antigen (PSA) is a screening method used in prostate cancer screening. Some agencies such as USPSTF recommend an annual check-up for men of all ages to ensure they reduce the risk against prostate cancer.

However, they recommend against this check-up due to the high risk also introduced by the PSA screening. Before a patient decides to have such a screening, clinicians usually encourage a decision making discussion that will highlight the benefits and harm involved in the screening procedure. Men with a family background of prostate cancer should also go for screening at

age forty to minimize the risk of prostate cancer. A frequency of screening every four years is rather standard and sufficient for determination of any risks that may exist.

## Question 2

These recommendations are based on data obtained about breast and prostate cancer. This data has been collected in recent years and thoroughly analyzed afterwards. From this data one can conclude that the vast majority have embraced the mammography screening, especially since there has been a progressive increase in the number of cases of breast cancer that have been reported. Screening has had both benefits and harms with its introduction in the recent years. Various screening methods have been introduced due to better technology and hence more effective methods of screening. The harms of screening mainly arise from the fact that screening results may be false hence creating a catastrophic and even fatal effect. There is also a difference as far as what professionals believe to be the ideal frequency of screening. Some believe that it is safer to do it annually while others highlight that the high frequency may also increase the risk of cancer (Welch, 2004).

## Question 3

As an independent party who has expertise and thorough knowledge in public health, my opinion on screening goes two ways. First of all, mammography should be done, although with utter care and at the recommended frequency. Screening should be done at an early age, say thirty or thirty five years. This sets up a margin of safety that allows for

diagnosis and consequent killing of the cancerous cells. The benefits, for the case of mammography, outweigh the risks involved and hence it is best to ensure screening of the population to facilitate early diagnosis. However, for the prostate screening the risks sometimes outweigh the benefits. In fact, frequent screens may increase the risk of prostate cancer and hence increase the reported cases. This would mean that the screening would not be serving its intended purpose. However, screening of women should be encouraged since it increases their life expectancy drastically (Kwabi-Addo and Lindstrom, 2011).

## Question 4

The risks of the recommendations mentioned above are minimal. They include false positives. This is a situation whereby the results show that an individual cancer while actually he does not. Alternatively, they may indicate that an individual is free of cancer while actually there are cancerous cells in his or her body (Juth and Munthe, 2012). In either of the errors, misdiagnosis and wrong medical advice will result. The benefits primarily arise from reduced infection rate and possible treatment due to early detection of the cancer.

## References

- Juth, N., & Munthe, C. (2012). *The Ethics of Screening In Health Care And Medicine: Serving Society Or Serving The Patient?* Dordrecht: Springer.
- Welch, H. G. (2004). *Should I be tested for cancer? Maybe not and here's why.* Berkeley, Calif.

; London: University of California Press.

Kwabi-Addo, B., & Lindstrom, T. L. (2011). Cancer Causes And Controversies: Understanding

Risk Reduction And Prevention. Santa Barbara, Calif: Praeger.