

Cancer Diagnosis Delay

- The American Cancer Society estimates that 1.7 million new cases of cancer are diagnosed in the U.S. every year. The reality is that many of these cases are mistakenly diagnosed or diagnosed long after a doctor could have detected the disease. As a result, patients may receive unnecessary or ineffective treatment. Their chance of survival may be greatly diminished.
- Why does it occur?

Primary care physicians, oncologists and other specialists may be responsible for the failure to make an accurate and timely diagnosis of cancer. Your attorney can help you to obtain your medical records and consult with highly qualified medical experts to determine when and how the diagnostic error occurred in your case.

Possible errors that can lead to a missed or delayed cancer diagnosis include failing to:

- Spend enough time analyzing the patient's symptoms
- Obtain the patient's complete, accurate medical history
- Correctly communicate medical information
- Collect adequate genetic information about the patient
- Order appropriate tests that could readily detect the disease
- Accurately interpret the results of tests that are conducted
- Refer a patient to a specialist with the experience and resources to arrive at a prompt and accurate diagnosis.

Prostate Cancer

- Failure to Diagnose
 - Every year more than 240,000 men are diagnosed with prostate cancer, and over 30,000 men die from prostate cancer every year.
 - Over the past decade, medical experts and healthcare policymakers have debated the efficacy of current medical procedures for screening, diagnosing, and treating prostate cancer. In general, there are two primary ways by which prostate cancer is diagnosed. A digital rectal exam (DRE) or the use of prostate-specific antigen (PSA) testing. Although the PSA test has been shown to more reliably detect the possibility of prostate cancer than a digital rectal exam, the PSA test also produces a large number of "false positives" thereby causing a large number of men who have suspicious PSA tests to worry and to undergo treatment, such as biopsies and prostate surgeries, unnecessarily. Thus, there is still considerable debate in the medical community as to whether or not the PSA test should be administered routinely or if it should simply be left as an option for the patient.



- In our experience, the delayed diagnosis of prostate cancer usually results from errors by physicians that are outside the scope of that policy debate. In many of the malpractice cases we see, a patient was diagnosed with an enlarged prostate (medically, benign prostatic hyperplasia) for symptoms like incontinence, frequent urination, or other urinary problems, and their primary care physician failed to follow-up with any sort of other testing, like a digital rectal exam or the prostate-specific antigen blood test. In many of those instances, although the patient was exhibiting signs that would be either an enlarged prostate or prostate cancer, the doctor simply assumed it was an enlarged prostate, and thereafter did not perform or recommend any other tests.
- In other cases we have seen, the primary care physician correctly suspects the possibility of prostate cancer while performing a digital rectal examine or from reviewing initial PSA test results, but thereafter fails to follow-up with the patient, such as by performing future PSA tests frequently enough. In other instances, the patient is referred to a surgeon for an exploratory biopsy, but the results of that biopsy are never communicated back to the primary care physician so the tumor and cancerous region continues to grow without any future treatment.