

PSA Screening

As you may already know, there is some controversy about the risks and benefits of prostate cancer screening and detection. National medical organizations have recently changed the guidelines provided to physicians for prostate cancer screening of their patients using the blood test for prostate-specific antigen (PSA). Given the complexity of these questions and the new guidelines, patients may be confused about whether PSA testing is right for them. This handout may serve as a discussion tool to help you and your doctor make a decision as to whether you may benefit from PSA testing.

What Men Should Know About Prostate Cancer

Prostate cancer is the second most common cancer in men, and the second-leading cause of cancer death in men. One in six men will be diagnosed with this cancer in his lifetime. African-American men and men with a family history of prostate cancer have an even higher chance of getting the disease.

Because it often grows very slowly and may not cause health problems, prostate cancer is different from other cancers. Many men with prostate cancer have no symptoms of the disease, and only a fraction of those diagnosed will eventually die from the disease itself. In 2012, more than 240,000 men were diagnosed with prostate cancer, while only about 28,000 men died of complications. PSA testing may help physicians discover and treat men who have the more aggressive forms of prostate cancer.

About Prostate Cancer Testing

To diagnose prostate cancer, health care providers use a **blood test** to measure levels of prostate-specific antigen (PSA). The PSA can be elevated by a number of conditions, and interpretation of an abnormal value requires a careful review of a man's history and physical examination by his health care provider. A prostate biopsy (tissue sample) performed by a specialist is usually the only way to know for sure if prostate cancer is present. The decision to perform a biopsy takes into account the PSA test results, a man's general health status and his personal preferences regarding medical testing and procedures.

The PSA test can provide important information to diagnose, assess the risk of, and monitor prostate disease.

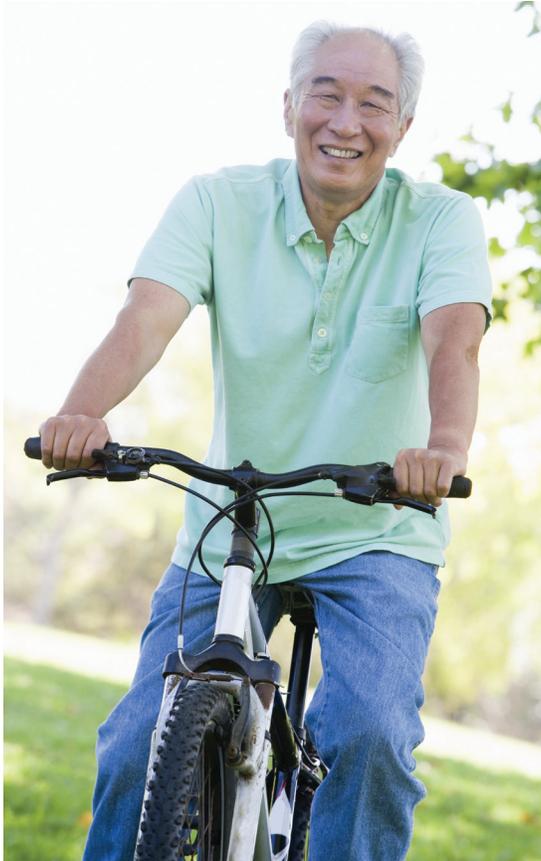
Who is at Risk for Prostate Cancer?

African Americans, or men who have a first-degree relative (father, brother, or son) who has been diagnosed with prostate cancer, have a higher risk of developing the disease. This is especially true if the disease occurred at an early age (younger than age 55) or in multiple generations of a family.



Is Screening Right for You?

The American Urological Association (AUA) has recently modified its recommendations about prostate cancer testing. It is important that you and your physician make an informed, shared decision about whether prostate cancer screening is right for you. The choice to use PSA for early detection of prostate cancer is a personal choice. While PSA screening has been shown to have benefits, it also carries risks.



Benefits of Having a PSA Test

- A normal PSA test may put your mind at ease.
- A PSA test may find prostate cancer early, before it has spread.
- Early treatment of prostate cancer may help some men to avoid problems from cancer.
- Early treatment of prostate cancer may help some men live longer.

Risks of Having a PSA Test

- A normal PSA test may miss some prostate cancers (a “false negative” result).
- Sometimes, PSA test results suggest something is wrong when it isn’t (a “false positive” result). This can cause unneeded worry and stress.
- A “false positive” PSA test may lead to prostate biopsy (tissue sample). It’s rare, but a biopsy can cause bleeding or infection.
- A high PSA test may find a prostate cancer that is slow growing and never would have caused you problems. Physicians will usually recommend “watchful waiting” for a man whose cancer seems to be slow-growing.
- Treatment of prostate cancer can have side effects, including erectile dysfunction, leaking urine or bowel issues.

Our Recommendation for PSA Screening Based on Modified AUA Guidelines for Early Detection of Prostate Cancer

Men aged 45 or older:

- For those at higher risk (African-American, or 1st degree relative with prostate cancer), we **recommend** a baseline PSA. If the PSA is <0.7 , delay regular screening until age 50. Otherwise, it should be performed every 2 years.
 - Refer to urology if PSA is >1 .
- For those not at higher risk, **consider** a baseline PSA at 45 years old, after detailed discussion of risks and benefits. If the PSA is <0.7 , delay regular screening until age 50. Otherwise, it should be performed every 2 years.
 - Refer to urology if the PSA is >1 .

Men aged 50-69:

- We **recommend** PSA screening after detailed discussion of risks and benefits.
 - Refer to urology if the PSA is >2.5 .
- Screening should be every 2 years if otherwise normal.
- After age 70, **consider** continued screening for those with a >10 year life expectancy or if the PSA is >3 . Otherwise, PSA screening can be discontinued.

Any man above 45 years old, with bothersome urinary symptoms, should have a PSA drawn.