

# Is Prostate Cancer Screening Right for You?

## WHAT IS INVOLVED IN PROSTATE CANCER SCREENING?

- **A discussion** – Discussion of screening for prostate cancer is recommended for men ages 55 to 69 years, and sometimes at younger or older ages based on individual circumstances.
- **The PSA blood test** – The blood test is known as a ‘PSA test’ because it measures the level of prostate-specific antigen (PSA) in the blood. PSA is a protein made by the prostate gland and also by most prostate cancers.
- **Digital rectal exam** – Sometimes screening may also include a rectal examination by a physician using a finger.

## WHAT ARE THE POTENTIAL BENEFITS OF SCREENING?

- **Finding out early** – Finding cancer early may help reduce symptoms, make treatment easier, or prevent death from prostate cancer.
- **A chance to watch it closely** – Most prostate cancers found by screening are considered lower risk and can be managed without surgery, radiation, or chemotherapy. These cases may require regular monitoring with blood tests, x-rays, follow-up appointments and potentially prostate biopsies.
- **Understanding your chances** – Knowing your PSA level, your race/ethnicity, and your family history can help a provider determine your risk for prostate cancer.
- **Maybe getting good results** – A very low PSA level can be reassuring.

## WHAT ARE THE POTENTIAL HARMS (RISKS) OF SCREENING?

- **Treatment that may not be needed** – Testing may lead to a diagnosis of a prostate cancer that is not likely to harm you or kill you. Sometimes men have surgery or radiation that is unnecessary.
- **Anxiety** – Waiting for results and receiving results can be stressful for you and your family.
- **Uncertainty** – A high PSA level may not be caused by prostate cancer and a low PSA level can be reassuring even though prostate cancer may still be possible. Only additional testing can diagnose cancer.
- **The possibility of more testing** – Screening results can lead to more testing and lost work days. Testing can cost money and may have some risks, including hospitalization.
- **Complications of treatment** – Treating prostate cancer found through screening may lead to erectile dysfunction or urine leakage. In this way, the treatment of some prostate cancers may cause more health problems for you than the cancer would have if left alone.



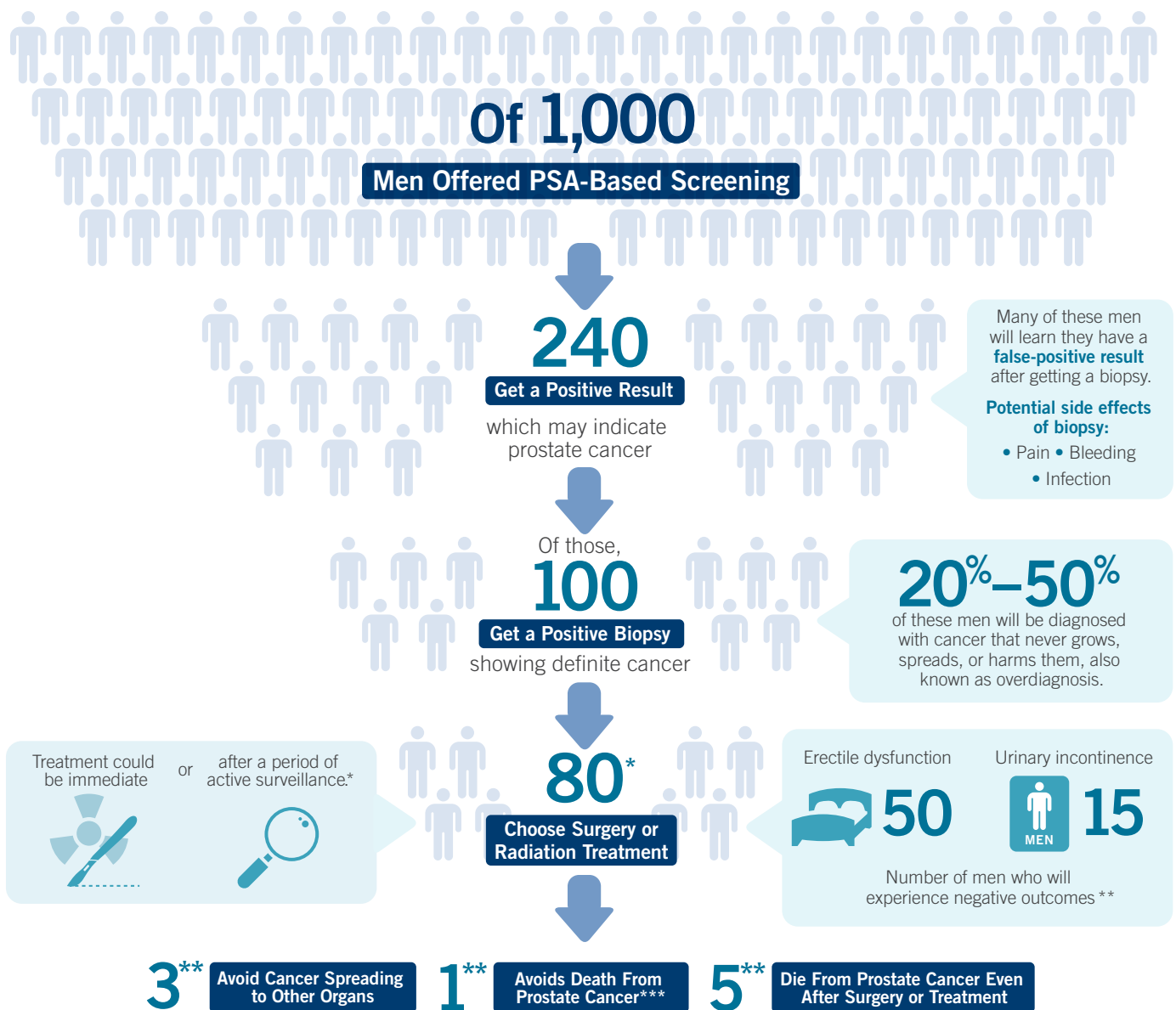
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## Understanding the Potential Benefits vs. Risks for Men 55–69

The prostate-specific antigen (PSA) screening test is the most common method clinicians use to screen for prostate cancer. The PSA test measures the amount of PSA, a type of protein, in the blood. When a man has an elevated PSA level, it may be caused by prostate cancer, but it could also be caused by other conditions too. Studies show that PSA-based screening in men 55–69 comes with potential benefits and harms over a period of 10–15 years.

**The U.S. Preventive Services Task Force recommends that for men 55–69, the decision to receive PSA-based screening should be an individual one. Before deciding whether to be screened, men should have an opportunity to discuss the potential benefits and harms of screening and to incorporate their values into the decision. (C grade)**



**Note:** This summary document is based on a comprehensive review of PSA-based screening and treatment studies, and is meant for informational purposes. Men with questions should talk to a trusted health care professional to learn more about the potential benefits and harms of PSA-based screening. Estimates are based on benefits observed in the ERSPC trial for men aged 55 to 69 years and harms derived from pooled results from three treatment trials ( ProtecT, PIVOT, and SPCG-4).

\* This includes 65 men who choose surgery or radiation at diagnosis, as well as 15 men who choose to monitor their cancer initially and later have surgery or radiation when it progresses.

\*\* Estimates based on benefits observed in the ERSPC trial for men aged 55 to 69 years and on treatment harms derived from pooled absolute rates in the treatment group in the three treatment trials ( ProtecT, PIVOT, SPCG-4). Experienced harms may result directly from treatment, cancer, age, or other causes. Of men randomized to screening in the ERSPC trial, 83% had one or more PSA screening tests during the trial.

\*\*\*1.3 deaths are avoided per 1,000 men offered PSA-based screening.

**Data sources:** Final Recommendation Statement: Screening for Prostate Cancer and Final Evidence Review: Screening for Prostate Cancer. U.S. Preventive Services Task Force. May 2018. [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org)