

What You Need to Know about Prostate Cancer Screening

- Prostate cancer is the most common cancer in men. It is the second leading cause of cancer deaths in men.
- Certain men are at higher risk of prostate cancer:
 - African American men, men of African descent, men who have a father, brother, or son with prostate cancer, and all men over 50 are at higher risk.
- Screening for prostate cancer
 - There are two tests that may be used as screening tests for prostate cancer: PSA and DRE.
 - The PSA (prostate specific antigen) is a blood test.
 - The DRE (digital rectal exam) is where a doctor feels the prostate gland by putting a gloved finger inside the rectum.
 - The PSA test can find prostate cancer earlier than the DRE alone.
 - The PSA test result can be high because of *other* prostate problems--so an elevated PSA does *not* always mean cancer. PSA can be higher because a man ejaculated in the 1-2 days before the test. Also, the PSA test results can sometimes be normal even if a man has prostate cancer. Certain medicines can lower the PSA test results.
- After looking at the expected harms and the possible benefit from PSA screening, the United States Preventive Services Task Force in May 2012 recommended against PSA-based screening for prostate cancer.

Possible benefit of screening:

1 man in 1,000—at most—avoids death from prostate cancer because of screening over 10 years (based on current information.)

Expected harms of screening:

For every 1,000 men who are screened with the PSA test:

- 30 to 40 men will develop erectile dysfunction or urinary incontinence due to treatment
- 2 men will experience a serious cardiovascular event, such as a heart attack due to treatment
- 1 man will develop a serious blood clot in his leg or lungs due to treatment

For every 3,000 men who are screened with the PSA test:

- 1 man will die due to complications from surgical treatment

- If a man is considering prostate cancer screening, he should have a thorough discussion with his medical provider to learn about the expected harms and the possible benefit of screening, subsequent diagnostic testing, and possible treatment so he can make an informed decision about whether he wants to be tested.
- If a man chooses to be tested for prostate cancer and if either the DRE or PSA is abnormal, he should be referred to a specialist (urologist) for further work-up.
- If a man has a high PSA test result or a PSA result that is rising over time, a doctor may recommend a biopsy to see if the man has prostate cancer. The biopsy and cancer treatment may cause side effects. The biopsy and treatment may or may not be paid for by the local cancer program.
- If a man has early prostate cancer, he can choose how to handle the cancer.
 - He and his doctor may choose to wait and see if the prostate cancer is changing, known as “active surveillance.”
 - He may choose to have surgery, radiation therapy, and/or hormonal therapy.
 - The treatments often have side effects, some of them are significant.