

After conducting a comprehensive review of the medical evidence, including the results of recent large clinical trials, on May 22, 2012, the U.S. Preventive Services Task Force issued a final Recommendation Statement on PSA screening. This fact sheet will help you discuss PSA screening for prostate cancer.

The Task Force Recommendation on PSA-based Screening for Prostate Cancer

The U.S. Preventive Services Task Force recommends against prostate-specific antigen (PSA)-based screening for prostate cancer. The potential benefit does not outweigh the expected harms.

Population

This recommendation applies to men of all ages. It does not include the use of the PSA test for monitoring in men who have been diagnosed with or who are being treated for prostate cancer.

Possible benefit of screening

In an *unscreened* population, about 5 out of every 1,000 men will die from prostate cancer after 10 years.

Results of several large trials have shown that, at best, PSA screening may help 1 man in 1,000 avoid death from prostate cancer after at least 10 years. Most likely, the number helped is even smaller. This means that *with* PSA screening, 4-5 out of every 1,000 men will die from prostate cancer after 10 years.

Expected harms of screening

- **False-positive results.** About 100-120 of every 1,000 men screened receive a false-positive test. Most positive tests result in biopsy, and can cause worry and anxiety. Up to one-third of men undergoing biopsy will experience fever, infection, bleeding, urinary problems, and pain that they consider a moderate or major problem. One percent will be hospitalized for these complications.
- **Overdiagnosis.** In most cases, prostate cancer does not grow or cause symptoms. If it does grow, it usually grows so slowly that it is not likely to cause health problems during a man's lifetime. Currently, it is not possible to reliably distinguish indolent from aggressive cancers. Many cancers diagnosed would have remained asymptomatic for life and do not require treatment.
- **Overtreatment.** Because of the uncertainty about which cancers need to be treated, 90 percent of men with prostate cancer found by PSA choose to receive treatment. Many of these men cannot benefit from treatment because their cancer will not grow or cause health problems. Harms of treatment include:
 - Erectile dysfunction from surgery, radiation therapy, or hormone therapy (29 men affected per 1,000 men screened).
 - Urinary incontinence from radiation therapy or surgery (18 men affected per 1,000 men screened).
 - A small risk of death and serious complications from surgery:
 - 2 serious cardiovascular events per 1,000 men screened.
 - 1 case of pulmonary embolus or deep venous thrombosis per 1,000 men screened.
 - 1 perioperative death per every 3,000 men screened.

Responding to Questions From Your Patients About PSA Testing

The Task Force believes that physicians should not feel obligated to offer PSA testing if a patient does not raise the issue or request the test.

If your patient does raise the issue of PSA screening, or if you believe his individual circumstances warrant consideration of PSA screening, be sure to discuss it with him thoroughly, so he can make an informed decision. The USPSTF strongly recommends that you do not order a PSA test without such a discussion. The decision to start or continue PSA screening should reflect your patient's understanding of the possible benefits and expected harms and should respect his preferences.

Points to Discuss With Your Patients Who Have Questions

Explain the facts about prostate cancer and what is involved in PSA testing. (Use the previous page or the information sources below.) Describe the benefits and harms not only of PSA screening itself, but of potential subsequent diagnostic testing and treatment.




Once you have explained the facts, make sure your patient's decision about PSA testing fits with his preferences and values. One way to do this is to describe several men and ask which one your patient identifies with most. Tailor your discussion to meet those needs, preferences, and values:

Patient Scenarios		Discussion Points
Man #1	This man has no strong feelings about PSA testing one way or another, but others have urged him to learn more about screening and consider PSA testing.	State that you would not recommend PSA testing. If you are a male clinician and have chosen to not have the test yourself, consider sharing your decision.
Man #2	This man is at increased risk of developing and dying from prostate cancer because he has one or more first-degree relatives who were diagnosed with prostate cancer before age 60 or who died of prostate cancer before age 75, or because he is African-American.	Ensure that this man understands how the benefits and harms relate to his situation. Men at increased risk may experience more benefit but also greater harms. Currently, available evidence does not allow us to know with any certainty whether the balance of benefits and harms is different for men at increased risk.
Man #3	This man is concerned about prostate cancer and feels that having the test will provide important information. He puts a higher priority on possibly avoiding death from prostate cancer, no matter how low the probability, than on avoiding the more likely harms associated with positive screening results and follow-up treatment.	Ensure that this man understands how the benefits and harms relate to his situation. Explain that if the test results are positive, he has a range of options to consider for next steps, including watchful waiting, active surveillance, and treatment.





The Bottom Line

We need better ways to screen for and treat prostate cancer. Until we make these discoveries, and even once we do, men and their families will turn to trusted health care professionals to help them make informed health care decisions. The USPSTF encourages all clinicians to have open conversations with their patients who have questions about prostate cancer and PSA testing.

Additional Information for Health Care Professionals

-  [Screening for Prostate Cancer: U.S. Preventive Services Task Force Recommendation Statement](#) (USPSTF)
-  [Evidence Report: Screening for Prostate Cancer](#) (USPSTF)
-  [Prostate Cancer Screening \(PDQ®\): Health Professional Version](#) (National Cancer Institute)

Additional Information for Patients

-  [Consumer Guide: USPSTF Recommendation on Screening for Prostate Cancer](#) (USPSTF; a plain-language explanation of the Task Force recommendation)
-  [PSA Screening: Statistics at a Glance](#) (USPSTF; a simplified summary table of the benefits and harms)
-  [Prostate Cancer Screening PDQ®: Patient Version](#) (National Cancer Institute)
-  [Prostate Cancer](#) (Centers for Disease Control and Prevention)