Understanding Task Force Draft Recommendations

U.S. Preventive Services TASK FORCE

This fact sheet explains the Task Force's draft recommendation statement on screening for prostate cancer. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from April 11 to May 8, 2017. The Task Force welcomes your comments.

Screening for Prostate Cancer

The U.S. Preventive Services Task Force (Task Force) has issued a **draft recommendation statement** on *Screening for Prostate Cancer.*

For men ages 55 to 69, the potential benefits and harms of screening for prostate cancer are closely balanced and the decision about whether to be screened should be an individual one. These men should talk with their clinician about the benefits and harms to determine whether screening is right for them.

For men age 70 years and older, the potential harms of screening are greater than the potential benefits, and these men should not be screened for prostate cancer.

This draft recommendation statement applies to adult men who have not been previously diagnosed with prostate cancer and have no signs or symptoms of the disease. It also applies to men at average risk and men who are at increased risk for prostate cancer, such as African American men and men with a family history of prostate cancer.

What is prostate cancer?

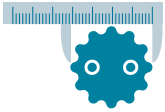
Prostate cancer is a cancer that occurs in the prostate, a small gland in men that makes fluid to carry sperm. The prostate is located below the bladder and in front of the rectum.

Facts about Prostate Cancer

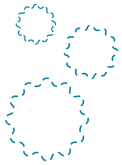
Prostate cancer is the second most common cancer in men in the United States, after skin cancer. African American men and men who have a family history of prostate cancer have a greater risk of developing the disease. Although prostate cancer is very common, in many cases, the cancer does not grow, spread, or cause symptoms. In fact, for most men, prostate cancer will not cause harm during the man's lifetime.

What makes prostate cancer different from other cancers?

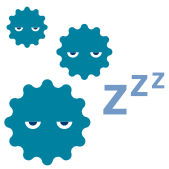
Prostate cancer is one of the most common cancers to affect men. It is estimated that 2.5 million American men have the disease, though most will never experience symptoms.



Often grows very slowly and can remain silent for decades or more



Often shows no symptoms throughout a man's lifetime



Non-aggressive forms may never cause illness

There is no definitive way to predict which cancer will be aggressive

Prostate-specific antigen (PSA)-based Screening

Prostate specific antigen (PSA)-based screening is the most common method used to screen for prostate cancer. PSA is a protein found in a man's blood that is measured using a blood test (PSA test). A high amount of PSA in the blood may be caused by prostate cancer. However, it could also be caused by other prostate problems such an enlarged prostate (a condition in which the prostate gland increases in size) or inflammation of the prostate.

Men with high levels of PSA in their blood may choose to have a biopsy to learn whether they have prostate cancer. During a biopsy, a clinician uses a needle to remove small samples of the prostate. These samples are looked at under a microscope to see if they contain cancer cells. If cancer cells are found, the man is diagnosed with prostate cancer.

Treatment for Prostate Cancer

Many treatment options exist for men who have been diagnosed with prostate cancer. The three most comment treatments for prostate cancer are:

- Surgery to remove the prostate gland *(known as radical prostatectomy)*
- Radiation therapy
- Active surveillance

Surgery and radiation therapy are considered "active treatments" and may lead to commonly occurring and serious harms. A less aggressive option is active surveillance. Active surveillance is a way of monitoring prostate cancer that hasn't spread outside the prostate, rather than treating it immediately with surgery or radiation. It includes regular, repeated testing and biopsies. Active surveillance allows men with lower risk prostate cancer to delay active treatment and complications—or avoid active treatment completely. If a man's cancer grows during active surveillance, he may choose to have surgery or radiation treatment.

Potential Benefits and Harms of Screening and Treatment for Prostate Cancer

The Task Force reviewed studies on the benefits and harms of screening and treatment for prostate cancer. For men ages 55 to 69, the benefits and harms of PSA-based screening are closely balanced. For men age 70 years and older, the potential harms are greater than the potential benefits.

The main benefit of PSA-based screening and treatment is to identify prostate cancer and reduce the chance of a man dying because of the disease. Another important benefit is to reduce the risk of metastatic cancer. Metastatic cancer is the spread of cancer cells to new areas of the body.

Prostate cancer screening and treatment also have potential harms that are often immediate and long lasting. In fact, many more men are expected to experience the harms of screening and treatment than the benefits. Because prostate cancer often grows slowly, the benefits of screening are generally realized years, even more than a decade, after diagnosis and treatment. The potential harms from screening and treatment, however, may occur immediately.

False-positive results: PSA tests often suggest that prostate cancer may be present when there is no cancer. This is called a "false-positive" result. False-positive results cause worry and anxiety and often lead to immediate additional testing and years of additional close follow-up, including repeated blood tests and biopsies. Biopsies can lead to harms such as fever, infection, bleeding, urinary problems, and pain.

Overdiagnosis: If prostate cancer is diagnosed through biopsy, there is currently no way to tell for sure if it is a cancer that will never cause a problem and does not need treatment, or if it is an aggressive cancer that does need treatment. This means that many non-harmful cancers are diagnosed. This is called "overdiagnosis."

Harms associated with treatment: When someone learns they have cancer, there is a strong desire to treat or remove the cancer, regardless of potential harms of treatment. As a result, men often make the decision to actively treat prostate cancer. Treatment of cancer that will not grow or cause health problems during a man's lifetime is called "overtreatment." For these men, active treatment has no potential benefit and puts them at risk for significant harms. However, more men are now choosing active surveillance, which can reduce this harm by allowing men to delay, or even avoid, active treatment.

The Task Force found that treatment of cancers using surgery or radiation has lasting harms including:

- Erectile dysfunction (sexual impotence)
- Urinary incontinence
- Problems with bowel control

Benefits and Harms of Screening in High Risk Men

The Task Force looked for evidence on prostate cancer screening and treatment in men at high-risk, including African Americans and men with a family history of the disease. The Task Force did not find enough evidence to make a separate recommendation for these men. The Task Force recognizes the importance of providing men at high-risk and their clinicians with additional information to guide decisions about screening, so the draft recommend statement includes specific sections addressing these groups. The Task Force strongly calls for more research in this area.

The Draft Recommendations on Screening for Prostate Cancer: What Do They Mean?

Here are the Task Force's draft recommendations on screening for prostate cancer. They are based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. They are also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the evidence shows that a screening test may have benefit for some individuals, but the balance of potential benefits and harms is close, the Task Force gives it a **Grade C**. When the Task Force recommends against screening **(Grade D)**, it is because it has more potential harms than potential benefits.

Before you send comments to the Task Force, please visit the Task Force Web site on **screening for prostate cancer**. The Web site includes the full draft recommendation statement, which explains the evidence the Task Force reviewed and how it decided on the grades; draft evidence reviews that provide more detail about the scientific studies the Task Force reviewed; a graphic explaining the recommendations; and frequently asked questions.

1 The decision about whether to be screened for prostate cancer should be an individual one. The USPSTF recommends that clinicians inform men ages 55 to 69 years about the potential benefits and harms of prostate-specific antigen (PSA)-based screening for prostate cancer. Screening offers a small potential benefit of reducing the chance of dying of prostate cancer. However, many men will experience potential harms of screening, including false-positive results that require additional testing and possible prostate biopsy; overdiagnosis and overtreatment; and treatment complications, such as incontinence and impotence. The USPSTF recommends individualized decisionmaking about screening for prostate cancer after discussion with a clinician, so that each man has an opportunity to understand the potential benefits and harms of screening and to incorporate his values and preferences into his decision. **(Grade C)**

2 The USPSTF recommends against PSA-based screening for prostate cancer in men age 70 years and older. **(Grade D)**

Notes

prostate-specific antigen (PSA)
PSA is a protein found in a man's blood that is measured using a blood test (PSA test). A high amount of PSA in the blood may indicate prostate cancer.

false-positive
When a screening test suggests that a person may have a condition or disease (like prostate cancer) when they do not.

prostate biopsy
A clinician inserts a thin, hollow needle through the wall of the rectum and into the prostate to remove small samples of the prostate.

overdiagnosis
A diagnosis of non-harmful cancer that would not have caused symptoms in a man's lifetime.

overtreatment
Treatment of cancer that will not grow or cause health problems in a man's lifetime.

incontinence
Lack of control over urine or bowels.

impotence
Inability to achieve and maintain an erection.

What is the U.S. Preventive Services Task Force?

The Task Force is an independent, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a **draft recommendation statement**. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the **Task Force Web site**.

USPSTF Recommendation Grades

Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Learn More about Prostate Cancer screening

- **Prostate Cancer Screening – Patient Version** (National Cancer Institute)
- **Prostate Cancer Screening** (MedLine Plus)
- **Screening for Prostate Cancer: A Decision for You and Your Doctor** (Centers for Disease Control and Prevention)

Click Here to Comment on the Draft Recommendation

The Task Force welcomes comments on this draft recommendation.

Comments must be received between April 11 and May 8, 2017.

All comments will be considered for use in writing final recommendations.