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)

**Of 1,000 Men Offered PSA-Based Screening**

- 240 Get a Positive Result which may indicate prostate cancer
- Of those, 100 Get a Positive Biopsy showing definite cancer
- 80* Choose Surgery or Radiation Treatment
- 3** Avoid Cancer Spreading to Other Organs
- 5** Die From Prostate Cancer Even After Surgery or Treatment
- 1** Avoids Death From Prostate Cancer***
- 20%–50% of these men will be diagnosed with cancer that never grows, spreads, or harms them, also known as overdiagnosis.

Potential side effects of biopsy:
- Pain
- Bleeding
- Infection

Number of men who will experience negative outcomes **

- Erectile dysfunction 50
- Urinary incontinence 15

**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.