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PSA Screening - Patient Decision Aid

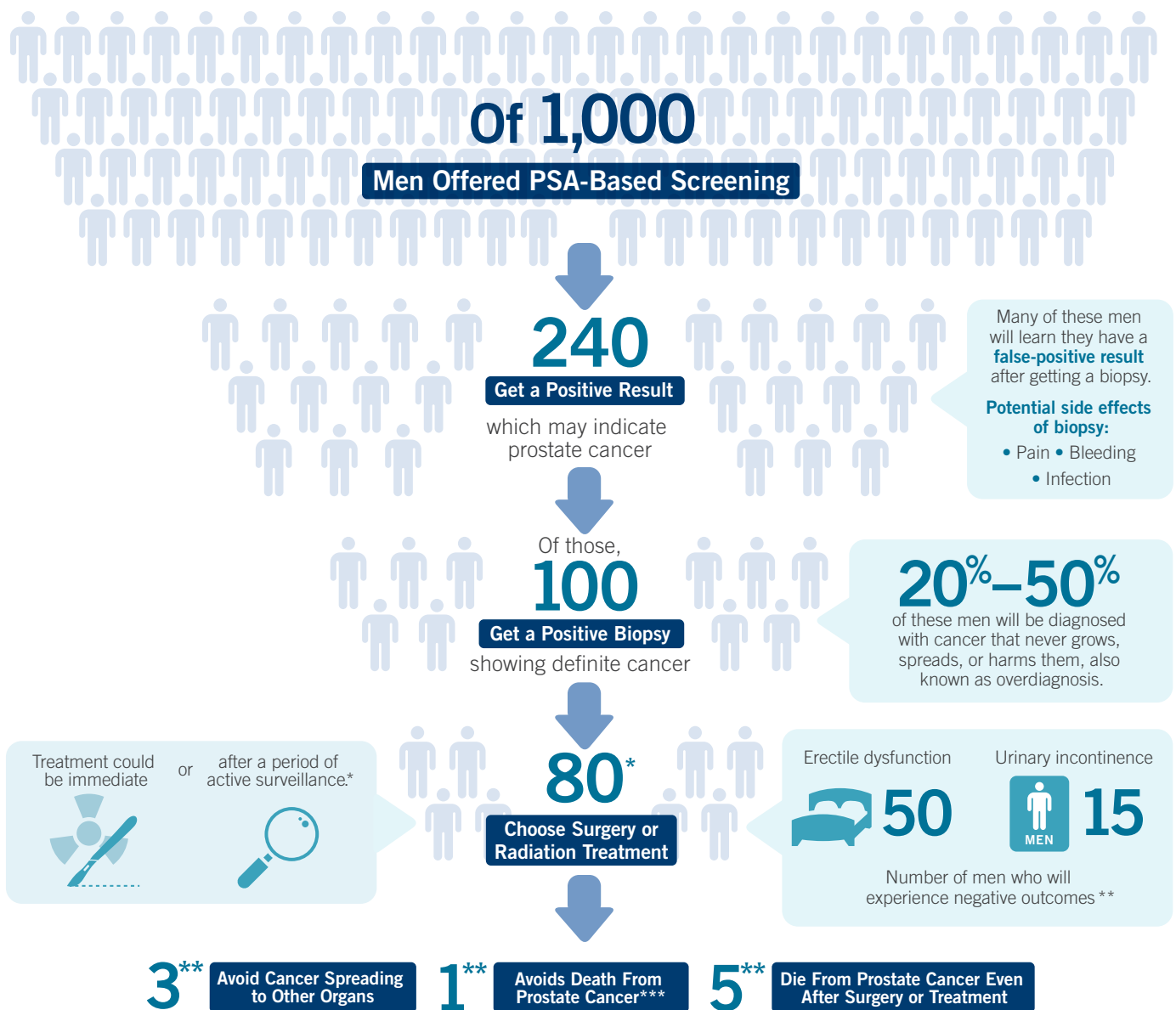
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Is Prostate Cancer Screening Right for You?

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