Prostate Cancer Screening: Is It for Me?

What is involved in prostate cancer screening?

The test used for prostate cancer screening is a **blood test** for a protein called PSA. PSA is found in the blood normally, but prostate cancer can cause it to be present at higher levels. About 1/3 of patients with elevated PSA have prostate cancer.[1]

How effective is prostate cancer screening?

- PSA screening has increased the diagnosis of prostate cancer from 1 in 11 men to 1 in 6 men[2]
- Despite better detection, **the lifetime risk of dying from prostate cancer has not changed** and remains ~1 in 34[2]
- Research shows that ~781 men need to be offered screening to prevent 1 prostate cancer death over 13 years.[3]

Who should be screened for prostate cancer?

According to new recommendations from USPSTF & American Cancer Society, low risk men can start to discuss the risks and benefits of screening for prostate cancer at age 50. The American Urological Association recommends discussing screening starting after age 55. Prostate cancer screening is not recommended for men over age 70 by any of these organizations. **None of these organizations currently recommends routine screening for prostate cancer with PSA testing.**

What happens if my PSA is elevated?

There are several reasons your PSA level could be high besides cancer. Other conditions that lead to elevated PSA include:

- A prostate infection, called prostatitis
- Ejaculation (having an orgasm)
- An enlarged prostate, called benign prostatic hyperplasia (BPH)
- Damage to the prostate, for example while riding a bike

Therefore, **if PSA is elevated we must determine why it is elevated** because it may not be due to prostate cancer

- If the PSA is only slightly high, we may repeat the blood test to confirm the elevated value.
- If there are signs of infection of the prostate, we may consider treating with antibiotics prior to repeating the test.
- If the results are still high, we may do a procedure called a **prostate biopsy**, which involves sticking a needle into the prostate to retrieve tissue which we can look at under a microscope to see if cancer is present.
- **Prostate biopsies have risks** including infection, bleeding, urinary retention, anxiety and physical discomfort

What are my treatment options if I have prostate cancer?

The most common treatments for prostate cancer are radiation and radical prostatectomy, a surgery in which the prostate is removed. These are **serious procedures with significant possible side effects**, including:

- Incontinence (15-50%)[4]
- Sexual dysfunction (20-70%)[4]
- Bowel problems[4]
- Mortality rate of 0.1-0.5% from the procedure itself[5]

How do I decide if PSA screening is right for me?

There are no clear guidelines about who should be screened, so this is a decision that is left to the patient and primary care provider. Some questions you may want to ask yourself when considering prostate cancer screening are:

- Do I want to know if I have prostate cancer, even if the cancer might never do me any harm?
- How do I feel about the risks of being treated for prostate cancer?
- How do I feel about the risks of getting a deadly or aggressive form of prostate cancer?
- Would I be willing to accept a high risk of side effects from treatment in return for a small chance of living longer?

---

[1] Adhyam, M., & Gupta, A. K. (2012). A Review on the Clinical Utility of PSA in Cancer Prostate. *Indian journal of surgical oncology*, *3*(2), 120-9.
[2] Ries, LAG, Melbert, D, Krapcho, M, et al (Eds). SEER Cancer Statistics Review, 1975-2004, National Cancer Institute, Bethesda, MD 2007
[3] Schröder FH, Hugosson J, Roobol MJ, et al. Screening and prostate cancer mortality. Lancet 2014; 384:2027.
[4] Wilt TJ, MacDonald R, Rutks I, et al. Systematic review: comparative effectiveness and harms of treatments... Ann Intern Med 2008; 148:435.
[5] Trinh QD, Sun M, Kim SP, et al. The impact of hospital volume, residency... Urol Oncol 2014; 32:29.e13.