

Prostate Cancer Screening Guidelines

What is the goal of early prostate cancer detection?

The goal of early detection is to reduce the disease effects and the deaths from prostate cancer.

Who should be screened?

Patients should be informed of the known risks and the potential benefits of screening tests. The decision to use PSA (prostate specific antigen) testing for the early detection of prostate cancer should be based on a man's individual situation and on his preferences. For men age 40 years and older, with an anticipated lifespan of 10 or more years, a baseline screening may be recommended.

What other factors come into play?

Family history of prostate cancer, race, previous PSA test results, and prior biopsy should all be considered.

What tests should be offered?

Men who wish to be screened for prostate cancer should have both a PSA test and a digital rectal exam (DRE.)

What else should be considered in making a decision about testing?

The amount of serious prostate cancer detected with PSA is unknown. A PSA test does not distinguish between slow-growing and more aggressive cancers. A variety of factors can affect PSA levels and should be considered in the interpretation of results. Possible causes of an increased PSA level should be considered; these include BPH (an enlarged prostate), infection, trauma, prostate cancer, etc. The PSA level is generally thought to be proportional to the risk of prostate cancer, the extent of the cancer, and the long-term outcomes after treatment of the cancer.

If PSA and DRE tests are normal, when should they be repeated?

Many organizations recommend testing every year.

