

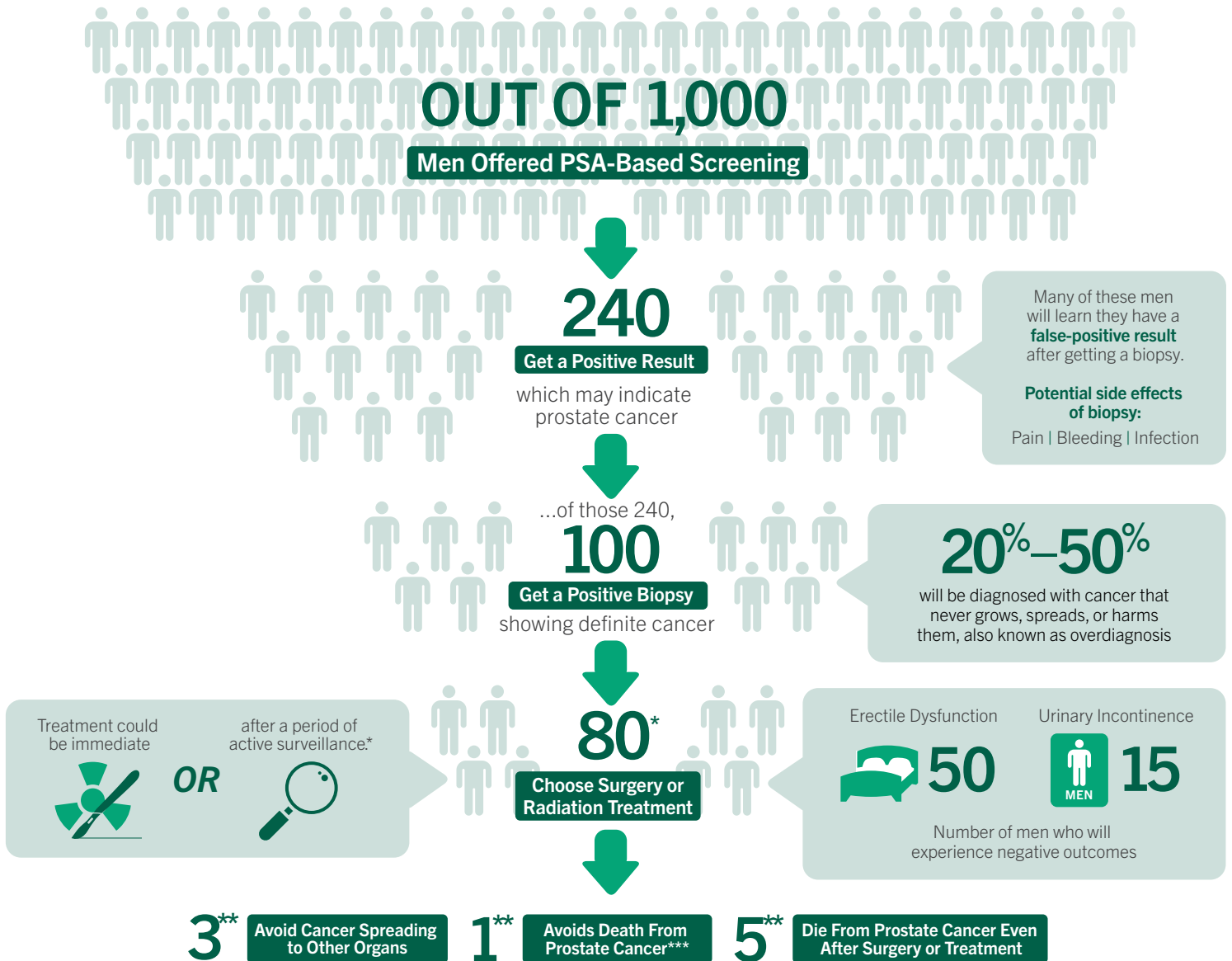


SHOULD YOU GET SCREENED FOR PROSTATE CANCER?

Understanding Potential Benefits vs. Risks

The prostate-specific antigen (PSA) 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. Studies show that PSA-based screening in men 55–69 comes with potential benefits and risks over a period of 10–15 years.

Men should have an opportunity to discuss the potential benefits and risks of screening before deciding whether to be screened. Men with a family history of prostate cancer may be recommended for screening beginning at age 40.



Note: This summary document is based on a comprehensive review of PSA-based screening and treatment studies, and is meant for informational purposes. Estimates are based on benefits observed in the ERSPC trial for men aged 55 to 69 years and risks 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.

***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.uspreventiveservicestaskforce.org