

This program is for men who-

Are considering a PSA blood test to screen for prostate cancer.

The program is not intended for men who -

Already have prostate cancer.

Have a family history of prostate cancer.

Summary

The program presents information about the pros and cons of screening for prostate cancer.

For PSA screening	Against PSA screening
PSA testing may correctly identify cancer early.	PSA testing may create a false alarm (false positive) meaning that a man will have his prostate biopsied unnecessarily. (It can also miss a cancer, i.e. false negative.)
Prostate cancer can cause discomfort and death. The goal of screening is to find prostate cancer so that it can be treated early. The data show that early treatment in men younger than 65 years of age may increase lifespan.	Most prostate cancers are slow growing, and many never cause any symptoms. Treatment of such a cancer means the man will contend with side effects of treatment with no benefit because his cancer would not result in harm.
Men who are interested in treating prostate cancer if it were to be diagnosed, despite the potential side effects are good candidates for screening.	Men who are not interesting in pursuing treatment of prostate cancer if it were diagnosed should consider forgoing PSA testing.

Key messages

- Most prostate cancers grow slowly, many never causing symptoms. Most men diagnosed with prostate cancer do not die of it.
- The digital rectal exam and the prostate specific antigen (PSA) blood test are 2 ways to screen for prostate cancer.
- PSA levels above 4 are considered abnormal. Levels between 4 and 10 are usually caused by conditions such as prostate enlargement or inflammation; PSA > 10 is more likely due to prostate cancer...
- 8 of 100 men tested will have a PSA over 4, but only 3 of 100 men with a PSA >4 will have cancer on biopsy.
- If you want to know if you have prostate cancer, a biopsy must be done. A biopsy is done through a probe in the rectum. It can be uncomfortable and has a small risk of bleeding or infection.
- Prostate cancer is diagnosed in 20 of 100 men, and causes death in 3 of 100- usually after the age of 65.
- African American men are at higher risk (5 of 100) of dying from prostate cancer.
- It is unclear whether treating cancers found on screening prolongs life:
 - ❖ Because prostate cancer usually develops slowly, men diagnosed over age 75 will die with their cancer but probably not because of it.
 - ❖ Men with another serious illness are more likely to die from other causes
 - ❖ Men diagnosed under age 75 may benefit. One study showed 10 years after diagnosis by DRE 10 of 100 men who had surgery died of prostate cancer compared to 15 of 100 men who received no active treatment. It is less clear that the difference would be as great for prostate cancer found with a PSA test.
- Prostate cancer treatment with radiation or surgery can have complications, including incontinence and more than 60 of 100 have trouble with erections

Reference: PSA Screening – Is a PSA test right for you? Shared decision-making program©, Foundation for Informed Medical Decision Making/Health Dialog, Inc. 2007.