



Key Messages for Primary Care Providers about Prostate Cancer Screening with the Prostate-Specific Antigen Test

Considerations for men at average risk

- Avoid prostate-specific antigen (PSA) testing in men with little to gain:
 - Men 70 years of age and older¹
 - Men with less than a 10 to 15 year life expectancy¹
- The Canadian Task Force on Preventive Health Care (CTFPHC) recommends against screening for prostate cancer with the PSA test for men of all ages. However, the greatest benefit from screening appears to be in men ages 55 to 69.^{1,2}
- The United States Preventive Services Task Force (USPSTF) recommends against using the PSA test to screen for prostate cancer in men age 70 and older. For men ages 55 to 69, the USPSTF recommends that the choice to undergo prostate screening should be an individual decision based upon the overall benefits and harms of PSA-based screening. The USPSTF noted that PSA screening can result in a small benefit of reduced mortality due to prostate cancer; however they noted specific harms such as false-positives and over-diagnosis/ over-treatment.³

References:

1. Carter HB, Albertsen PC, Barry MJ, et al. Early detection of prostate cancer: AUA guideline. American Urological Association Education and Research Inc. 2013.
2. Canadian Task Force on Preventive Health Care, Bell N, Gorber SC, et al. Recommendations on screening for prostate cancer with the prostate-specific antigen test. CMAJ. 2014;186(16):1225-34.
3. U.S. Preventive Services Task Force. Prostate cancer screening draft recommendations. 2017. [published 2017 April 11; cited 2017 April 11]. Available from: <https://screeningforprostatecancer.org/>

Considerations for men at increased risk

- At least two groups of men have been shown to have an increased risk for prostate cancer:
 - Men with a family history of prostate cancer due to prostate cancer in multiple generations, or one or more first-degree relatives who were diagnosed with prostate cancer (relative risk, 2.53)¹
 - Black men (relative risk, 1.63)²
- There is insufficient published evidence to inform screening recommendations for men at increased risk.
- Some associations such as the Canadian Urological Association (CUA) and American Urological Association (AUA) recommend discussing the value of screening through a shared decision-making process starting at age 40 for men with an increased risk of prostate cancer.^{3,4}

References:

1. Zeegers M, Jellema A, Ostrer H, et al. Empiric Risk of Prostate Carcinoma for Relatives of Patients with Prostate Carcinoma. American Cancer Society. 2003; 97(8): 1895-1903.
2. American Cancer Society. Cancer Facts & Figures for African Americans 2013-2014. Atlanta: American Cancer Society, 2013.

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3. Carter HB, Albertsen PC, Barry MJ, et al. Early detection of prostate cancer: AUA guideline. American Urological Association Education and Research Inc. 2013.
 4. Izawa JI, Klotz L, Siemens DB, et al. Prostate Cancer Screening: Canadian Guidelines 2011. The Canadian Urological Association. 2011.

Considerations for men who have already had a prostate-specific antigen (PSA) test

- Do not continue PSA testing in men with little to gain.
 - Men with a PSA level < 1 ng/mL at age 60¹
 - Men with a PSA level < 3 ng/mL at age 70²
- A prostate cancer risk calculator may help you decide when to refer men for prostate biopsy.
 - Some providers have found the [Prostate Cancer Prevention Trial \(PCPT\) risk calculator](#) helpful
- Decisions to repeat screening should be made as part of a shared decision-making process involving a discussion between a man and his primary care provider (see position statement for key considerations).

References:

1. Carlsson S, Assel M, Sjoberg D, et al. Influence of blood prostate specific antigen levels at age 60 on benefits and harms of prostate cancer screening: population based cohort study. BMJ 2014; 348: 2296.
2. Carter HB, Albertsen PC, Barry MJ, et al. Early detection of prostate cancer: AUA guideline. American Urological Association Education and Research Inc. 201

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