New Prostate Cancer Screening Guidelines for Health Care Professionals

This document introduces clinicians to the recently updated American Cancer Society recommendations on prostate cancer screening. The complete guideline and evidence review are published as **Wolf, A., Wender, R., Etzioni, R., et. al. American Cancer Society Guideline for the Early Detection of Prostate Cancer: Update 2010. CA – *A Cancer Journal for Clinicians,*** which can be found at: http://caonline.amcancersoc.org/cgi/content/full/60/2/70.

2010 American Cancer Society Prostate Cancer Screening Recommendations. The American Cancer Society recommends that asymptomatic men who have at least a 10-year life expectancy have an opportunity to make an informed decision with their health care provider about screening for prostate cancer, after receiving information about the uncertainties, risks, and potential benefits associated with prostate cancer screening. Prostate cancer screening should not occur without an informed decision-making process.

Major Medical Organizations: Screening recommendations from all major medical organizations, including the American Urologic Association and the US Preventive Services Taskforce, recommend that men be informed of the potential benefits and limitations of screening for prostate cancer before being tested.

Discuss risks and potential benefits of screening with your patient.

Screening	No Screening
Potential Benefits • Detection of early stage, potentially lethal prostate cancers that have a better chance of being successfully treated • Possibly avoiding premature death or suffering from metastatic disease • Peace of mind from knowing screening status	**Potential Benefits** • Avoidance of treatment for a prostate cancer that is not clinically significant • Avoidance of adverse effects that can occur with treatment • Avoidance of anxiety that may come with screening, with false positive test results, or with a diagnosis of cancer
Risks • False positive screening results are very common. Two out of three men with a PSA greater than 4.0 ng/ml will not be found to have cancer after further evaluation. • Unnecessary biopsy • Diagnosis of prostate cancers that are not clinically significant (e.g., cancers that would never have caused significant symptoms or loss of life) • Unnecessary treatment and related adverse side effects for prostate cancers that are not clinically significant. Side effects may include urinary incontinence, sexual dysfunction, and/or bowel problems. • Anxiety that may come with screening or with a cancer diagnosis	**Risks** • An early stage, or clinically significant prostate cancer goes undetected. • Possible suffering and death due to a delayed diagnosis

When should you start talking to your patients about prostate cancer screening?

Men at average risk	age 50
Men at higher risk: African American men or men with a first-degree family member with prostate cancer diagnosed before age 65	age 45
Men at substantially higher risk: 2 or more family members diagnosed with prostate cancer before age 65	age 40

For Your Patients: Information and tools on prostate cancer for your practice and your patients are available at: www.cancer.org/prostatemd.

Who should not be screened: Men who are not likely to survive at least 10 years (based on age and/or co-morbidities) are unlikely to gain any benefit from prostate cancer early detection and are not candidates for screening.

Before screening a man for prostate cancer, consider his values and preferences.

- Depending on his values and experiences, a man may or may not want prostate cancer screening.
- A man who chooses to be screened might place a higher value on finding cancer early, might be willing to be treated without definite expectation of benefit, and might be willing to risk injury to urinary, sexual, and/or bowel function. Such a man might say:

  "I want to be screened because it is very important for me to know if I have any kind of cancer. If I have it, I want to be treated even if there may be side effects."

- A man who chooses not to be screened might place a higher value on avoiding the potential harms of screening and treatment, such as anxiety or risk of injury to urinary, sexual, or bowel function. This type of man might say:

  "I do not want to be screened for prostate cancer because I do not want to risk suffering side effects from treatment for a cancer that may not affect my health. For me, no news is good news."

- Asking men which of these seems closest to their way of thinking can help them and you understand their values related to the screening decision.
- Help each man to integrate his knowledge and values into a decision to be screened or not to be screened.

For Men Who Choose Screening after Considering the Possible Risks and Benefits, the American Cancer Society Recommends:

- Prostate cancer screening should be done with the prostate-specific antigen (PSA) test.
- There is limited evidence on the efficacy of the digital rectal exam (DRE) at detecting prostate cancer in the primary care setting; therefore, a screening DRE is optional (at the discretion of the man and his clinician).
- Repeat screening intervals and recommendations for patient follow-up are based on PSA findings.

PSA Level	Screening Interval	Comment
<2.5 ng/ml	Every 2 years	Studies show a 2-year screening interval in men with initially low levels will: • Reduce number of PSA tests and biopsies and reduce overdiagnosis. • Rarely delay diagnosis, with minimal change in prostate cancer mortality.
2.5-3.9 ng/ml	Annually for men with no identified risk factors Consider referral if risk assessment indicates elevated risk for prostate cancer.	Consider an individualized risk assessment that incorporates other risk factors for prostate cancer (age, race, ethnicity, family history of prostate cancer, and digital rectal exam findings, prior prostate biopsy results). An on-line risk calculator is available to help with this risk assessment, and can be accessed at: http://deb.uthscsa.edu/URORiskCalc/Pages/uroriskcalc.jsp.
≥4.0 ng/ml	Recommend referral for further evaluation or biopsy.	

** Visit www.cancer.org/prostatemd to see prostate cancer decision aids and other tools for you and your patients.*

Reference

Wolf, A., Wender, R., Etzioni, R., et. al. American Cancer Society Guideline for the Early Detection of Prostate Cancer: Update 2010. *CA – A Cancer Journal for Clinicians.*

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