The PSA Test for Prostate Cancer Screening:

Why some doctors no longer recommend testing
PSA stands for Prostate Specific Antigen—a protein made by the prostate gland. The PSA test measures the amount of PSA in your blood. It is sometimes used to try to find prostate cancer early.

If you are thinking about having the PSA test to screen for prostate cancer, there are some things you should know before you decide.

New Facts and Recommendations
- New science shows that:
  - The chance that the PSA test will help men avoid a prostate cancer death is small.
  - The chance that the PSA will harm men by causing life-threatening infections, heart attacks, strokes, blood clots, impotence and incontinence is moderate to high.
- Because of this, some doctors no longer recommend a PSA test to screen for prostate cancer.

If you are considering prostate cancer screening, you and your doctor should discuss the facts and your questions and concerns before choosing what to do about screening.

See pages 3–4 for new information about the benefits and harms of the PSA test to screen for prostate cancer.
BENEFITS and HARMS Experienced by Men Ages 55–69 Who Are Screened for Prostate Cancer With PSA Every 1–4 Years for 10 Years as Compared to Those Who Are Not Screened

**1000 MEN**

**BENEFITS of Screening***
- 0–1 fewer men in 1000 will DIE from PROSTATE CANCER

**HARMS of Screening***
- 35 more men in 1000 will develop problems with SEXUAL FUNCTION or BLADDER CONTROL from treatment
- 4–5 more men in 1000 will experience a SERIOUS HARM from testing and treatment:
  - 1–2 more men in 1000 will be HOSPITALIZED from INFECTION received during biopsy
  - 3 more men in 1000 will experience a HEART ATTACK or BLOOD CLOT because of treatment
  - Less than 1 in 1000 will DIE from complications of biopsy or treatment

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**Not everyone places the same importance on these benefits and harms. Think about what matters most to you about the benefits and harms described in this picture.**

*The benefits and harms of screening come from treatment AND follow-up testing (biopsy).*

The information on the harms of treatment is based on the treatments most men choose.
- 60% of men chose surgery
- 30% chose radiation
- 10% chose observation

Men who do not seek treatment or who choose observation (watchful waiting or active surveillance) may experience fewer harms.

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Why are some doctors changing recommendations now?

In the past, doctors were not sure whether the benefits of prostate cancer screening outweighed the harms. Because the new science shows that the benefit of prostate cancer screening does not outweigh the harms, many doctors no longer recommend prostate cancer screening for their patients.

Are the recommendations different for African American men or men with a family history of prostate cancer?

African American men and men who have a father or brother with prostate cancer may be more interested in PSA testing because they are at higher risk of having and possibly dying from prostate cancer. But the new science does not tell us whether African American men and men with a family history of prostate cancer benefit more from prostate cancer screening than other men. For this reason some doctors recommend the same thing for African American men and men with a family history as they do for all men.

Are the recommendations different for men at different ages?

Some doctors recommend against PSA-based prostate cancer screening for men of any age. This is because the benefit is small even in the group (men age 50–69) that experienced the most benefit from prostate cancer screening in the new scientific studies. Men age 70 years and older or with serious health conditions are very unlikely to benefit from any prostate cancer screening or treatment. Prostate cancer is rare in men under age 50. For these reasons men younger than 45 years, older than 70 years, or with serious health problems should not receive PSA-based prostate cancer screening.

Are doctors recommending against PSA testing to save money?

No. Doctors are recommending against testing because they think men are more likely to be harmed than helped by testing. The new science on the benefits and harms of PSA testing did not consider the costs of testing or treatment.

Can I still get the PSA test if I want it?

If you know the facts about the benefits and harms and still want to be screened you can request a PSA test from your doctor. Your doctor may want to be sure you understand the facts about prostate cancer screening before ordering the PSA test for you.
What is prostate cancer?
Prostate cancer is an abnormal growth of prostate cells. Most men who have prostate cancer have no problems or symptoms and it does not cause their death. But some men with prostate cancer have:
- Painful ejaculation (release of semen through the penis)
- Weak, painful, or slow urination
- Blood in urine
- Bone pain
Tell your doctor if you have any of these problems. It does not necessarily mean you have prostate cancer if you have these problems. They can also be caused by an enlarged prostate, prostate infection, or other medical problems.

How serious is prostate cancer?
159 out of 1000 men will be diagnosed with prostate cancer in their lifetime, but only 28 out of 1000 men will die of prostate cancer. For most men prostate cancer does not cause any problems. This is because prostate cancer grows very slowly. Most men diagnosed with prostate cancer die of something other than prostate cancer.

Who is more likely to get prostate cancer?
The chance of getting prostate cancer increases with age. You are more likely to get prostate cancer if:
- You are African American
- Your father or brother had prostate cancer
What does it mean if my PSA test is abnormal?

Several things can cause an abnormal PSA test. The most common cause is benign prostatic hypertrophy (BPH). BPH is not cancer. It is an enlarged prostate. BPH is very common and not life threatening. More than half of men over the age of 50 have BPH. A prostate infection or sexual activity within 24 hours of testing can also cause an abnormal PSA. About 4 out of 5 men with an abnormal PSA do NOT have prostate cancer.

What could the harm of PSA testing be—it is just a blood test, right?

PSA testing often leads to further testing and treatment that may not help you and could hurt you.

If your PSA test is abnormal, most doctors will recommend a prostate biopsy. This involves removing a small piece of your prostate with a thin needle. 1 in 3 men having a prostate biopsy will have bleeding, pain, or infection caused by the biopsy. In some cases, infections caused by biopsy can lead to hospitalization.

If the prostate biopsy shows you have prostate cancer, you may have a cancer that will never cause you problems. Knowing you have prostate cancer may cause unnecessary worry. Most men diagnosed with cancer are uncomfortable not treating it. But prostate cancer treatment is not likely to help you live longer or prevent death from prostate cancer and can cause harms.

The harms that can result from treatment include

- Death
- Heart attack
- Stroke
- Blood clots
- Impotence
- Incontinence

Talk to your doctor if you have questions about whether you should have the PSA test.