



## Prostate Specific Antigen (PSA) Testing for prostate cancer

Read this information carefully:



American Cancer Society (ACS) does not recommend *routine* screening for prostate cancer in any age group, but rather that asymptomatic men with at least a 10-year life expectancy should have an opportunity to make an informed decision with their health care provider about whether to be screened, after receiving information about the associated uncertainties, risks, and potential benefits.

The U.S. Preventive Services Task Force (USPSTF), in contrast to ACS, explicitly *recommends against* PSA-based screening for prostate cancer.

- Prostate cancer screening with the PSA test is controversial.
- Screening with the PSA test can detect prostate cancer, but for most men, the chances of harm from screening with the PSA test outweigh the chances of benefit.
- A small number of prostate cancer cases are serious and can cause death; however, the vast majority of prostate cancer is slow-growing and does not cause death.
- Most men who choose not to do PSA testing will not be diagnosed with prostate cancer and will die of something else.
- Patients who choose PSA testing are much more likely than those who decline PSA testing to be diagnosed with prostate cancer.
- The PSA test often does not distinguish between serious cancer and nonserious cancer. However, men with markedly elevated PSA levels ( $>10 \mu\text{g/L}$ ) may have a reduced chance of dying from prostate cancer by having surgical treatment.
- The small potential benefit of prostate cancer screening corresponds to preventing, at most, 1 death caused by prostate cancer per 1000 men screened after 11 years of follow-up.
- There are many potential harms of screening. There may be problems in interpreting test results: The PSA test result may be high because of an enlarged prostate but not because of cancer, or it may be low even though cancer is present. Prostate biopsy, if needed, is also not free from risk. It involves multiple needles being inserted into the prostate under local anesthesia, and there is risk for infection or clinically significant bleeding and hospitalization (1.4%). If cancer is diagnosed, it will often be treated with surgery or radiation, which are associated with risks. There is a small risk for death with surgery, loss of sexual function (approximately 37% higher risk), and loss of control of urination (approximately 11% higher risk) compared with no surgery. These risks may vary depending on patient and surgeon characteristics and treatment method.
- The PSA test is not "just a blood test." It is a test that can open the door to more testing and treatment that a man may not actually want and that may actually harm him. A man's chances of being harmed are much greater than his chances of benefiting from the PSA test. Thus, each man should have the opportunity to decide for himself whether to have the PSA screening test.
- Studies are ongoing, so clinicians expect to learn more about the benefits and harms of screening, and recommendations may change over time. Men are also welcome to change their minds at any time by asking for screening that they have previously declined or discontinue screening that they have previously requested.

Men who are younger than 50 should NOT have PSA testing performed unless you have substantial increased risk for prostate cancer.

Men who are over the age of 69, or have less than 10 years of life expectancy, should NOT have PSA testing performed.

The complete information is available on the web at: <http://www.guideline.gov/syntheses/synthesis.aspx?id=46242&search=psa>

I, (signature) \_\_\_\_\_ have read this information and after evaluation have decided to be screened for prostate cancer by having the PSA test performed.

PSA (Prostate Specific Antigen)	\$20.00	HFPSA
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