



Us TOO International Guidelines for PSA-Based Screening for Prostate Cancer

On May 8, 2018, the USPSTF (United States Preventive Services Task Force) maintained its recommendation against PSA-based screening for prostate cancer for men 70 years and older with a grade “D” and updated its 2012 position on prostate cancer screening from a grade “D” to a grade “C” for men aged 55 to 69 years with the following recommendation:

For men aged 55 to 69 years, the decision to undergo periodic prostate-specific antigen (PSA)–based screening for prostate cancer should be an individual one. Before deciding whether to be screened, men should have an opportunity to discuss the potential benefits and harms of screening with their clinician and to incorporate their values and preferences in the decision. Screening offers a small potential benefit of reducing the chance of death from prostate cancer in some men. However, many men will experience potential harms of screening, including false-positive results that require additional testing and possible prostate biopsy; over diagnosis and overtreatment; and treatment complications, such as incontinence and erectile dysfunction. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the balance of benefits and harms on the basis of family history, race/ethnicity, co-morbid medical conditions, patient values about the benefits and harms of screening and treatment-specific outcomes, and other health needs. Clinicians should not screen men who do not express a preference for screening.

The USPTF also recommends that screening can be done every two to four years rather than annually.

[Read the full recommendation.](#)

Us TOO International is a 501c3 nonprofit that provides prostate cancer education and support services to encourage informed and shared decision making between a man and his healthcare providers. While acknowledging the USPSTF Final Recommendation Statement on Prostate Cancer Screening, other organizations have defined different approaches without any supporting data. Us TOO offers the following facts and perspective for a man to consider as guidelines for an informed discussion with his healthcare providers on the potential value of PSA testing for prostate cancer:

1. African American men and men having a father or brother with prostate cancer are at a higher risk for prostate cancer. The highest risk occurs in all men with more than one first degree relative with prostate cancer. While there are no data to show whether these men benefit differently or should be screened differently, men who want to minimize the chance prostate cancer will harm them and acknowledge the potential harm and risk of screening should consider a more aggressive approach. That includes starting prostate cancer screening earlier (perhaps at age 40 or 45) and doing it annually. Since military veterans who were exposed to Agent Orange in the Vietnam and Korean wars are also at a higher risk for developing prostate cancer, Us TOO encourages annual screenings for these veterans. . If the PSA is less than 2.5 ng/ml, repeat testing could be done every other year.

2. Men 70 years of age and older who have had annual PSA-based screening for prostate cancer should speak with their doctor about the value of continuing annual PSA screening.
3. One potential negative impact of screening is the “over-treatment” of prostate cancer when a man who is diagnosed opts for treatment that may not have caused harm or death if left untreated.
4. A second potential negative impact is a reduction in quality of life resulting from the development of treatment side effects, most commonly impotence and incontinence.
5. There is also the potential negative impact of an initial diagnosis of prostate cancer that has already advanced (cancer has spread outside of the prostate gland) and cannot be eliminated/cured, although it can be managed to delay progression of the disease.
6. While the majority of men with prostate cancer will not die from the disease, the American Cancer Society estimates that more than 31,000 men will die from prostate cancer in 2019.
7. All men who get diagnosed through screening should be aware that immediate treatment is not mandatory and conservative options are available.
5. Prostate cancer has no symptoms in its early stages when treatment is most effective at eliminating/curing the disease.
6. Although imperfect, the only way to screen for prostate cancer is the PSA (prostate specific antigen) blood test and DRE (digital rectal exam).
7. There is no “normal” PSA level; but the higher it is the greater the odds that cancer is present. Although some cancers are detected with a PSA level of 1 ng/ml (nanograms per milliliter), most experts use a threshold PSA level of 3 or 4 ng/ml as an indicator for recommending a prostate biopsy. Another consideration is the change in PSA level from one test to another. Doctors can calculate the PSA doubling time and use that value to determine when a biopsy is necessary. A PSA level that is higher than the previous PSA test does not necessarily indicate prostate cancer. It could be due to benign prostatic hyperplasia (BPH) - the enlargement of the prostate that occurs naturally as men age; or the result of having a digital rectal exam (DRE) prior to a blood draw for the PSA test. Other potential factors leading to a rising PSA include an infection or inflammation, recent bicycle riding, or recent ejaculation. Since PSA levels can fluctuate, it is advisable to consider a repeat PSA test if there is a sudden increase in value before proceeding with a biopsy.
8. A prostate cancer diagnosis does not require an immediate decision for treatment. A man should always take the time to get at least one additional objective opinion from a different prostate cancer specialist (i.e.: a radiotherapist if a surgeon was seen first, or vice versa) at a different medical practice.
9. Upon being diagnosed with prostate cancer, it’s important for a man to recognize that, regardless of how he decides to proceed, PSA testing will be mandatory for monitoring the absence or existence of prostate cancer for the rest of his life.

10. Men and partners/caregivers need adequate education to understand and consider all appropriate options including active surveillance, the advantages and disadvantages of various treatment options, along with realistic pre- treatment expectations for potential post-treatment management of side effects.

Action steps for prostate cancer education & support services:

- Visit the [Us TOO website](#)
- Attend an in-person [prostate cancer support group meeting](#) held each month at hundreds of locations across the country
- Participate in the [Inspire online support community](#) with posts specific to 16 different prostate cancer topics
- Call the [Us TOO prostate cancer Helpline](#) for answers to questions and connections to peer-to-peer support
- Check out [A Forum for Her](#) conference call series (and invitation-only Facebook group) providing women with important peer- to-peer support
- Participate in [A Prostate Cancer Forum for Gay Men and Their Partners](#)
- Join [AnCan virtual conference calls](#) to speak with other men who are newly diagnosed (calls are also available for men managing advanced prostate cancer)

About Us TOO International

Us TOO International is a 501c3 nonprofit organization founded in 1990 that provides educational resources and support services to the prostate cancer community at no charge to help men and their spouses/partners and loved ones make informed decisions about prostate cancer detection, treatment options and related side effects. In addition to more than 200 support groups throughout the U.S. and abroad, Us TOO provides monthly newsletters, educational events, Inspire online support community, toll-free Helpline, printed materials and a comprehensive website (www.ustoo.org).