

Prostate cancer is the most common non-skin cancer in men in the United States, and the second leading cause of cancer death in men.

The American Urological Association Foundation (AUA Foundation) is concerned that recent studies about prostate-specific antigen (PSA) testing may present conflicting information to patients about the value of this critical prostate-cancer screening test. The benefits of regular screening and early detection should not be discounted in the overall population.

The AUA Foundation believes that the decision to screen is one that a man should make with his doctor following a careful discussion of the benefits and risks of screening. In men who wish to be screened, the AUA recommends getting a baseline PSA, along with a physical exam of the prostate known as a digital rectal exam (DRE) at age 40.

What is PSA? Prostate-specific antigen (PSA) is a substance produced by the prostate gland. The PSA level in a man's blood is an important marker of many prostate diseases, including prostate cancer.

If your PSA is high for your age or is steadily rising, (with or without an abnormal physical exam of your prostate with a DRE) a biopsy may be recommended. The doctor should consider other risk factors for prostate cancer such as family history, and ethnicity before recommending a biopsy. The biopsy will determine if cancer or other abnormal cells are present in the prostate.

The goal of early detection is to reduce death from prostate cancer in men. Early stage prostate cancer offers many options for treatment and cure. Some men may be candidates for careful surveillance of their cancer instead of receiving immediate treatment. Ideally, the characteristics of each man's prostate cancer will guide an informed discussion with his doctor. Consider these important factors from the American Urological Association to help you decide if prostate screening with PSA testing is right for you.

This booklet represents the American Urological Association Foundation's recommendation for prostate screening based on the AUA's PSA Best Practice Statement, 2009. For additional information about prostate screening, go to www.AUAnet.org/guidelines. Talk to your doctor about prostate cancer screening.

Established in 1987, the American Urological Association Foundation (AUA Foundation) is the patient and public voice of the American Urological Association (AUA). Our unique relationship with the AUA makes the Foundation the trusted source for the most accurate and current urologic health information.

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WHAT YOU SHOULD KNOW ABOUT

Prostate Cancer Screening

THE AMERICAN UROLOGICAL
ASSOCIATION FOUNDATION

Factors To Consider About Prostate Screening

Men who wish to be screened for prostate cancer should have *both* a PSA test and a DRE.

Evidence from research studies suggests that combining both tests improves the overall rate of prostate cancer detection.

A variety of factors can affect PSA levels and should be considered in the interpretation of results.

The three most common prostate diseases—prostatitis, benign prostatic hyperplasia (BPH), and prostate cancer—may cause elevated PSA levels in the blood. Other medications, trauma or treatments (which can include a prostate biopsy or cystoscopy) to the prostate can affect PSA test results.

Men choosing to undergo PSA testing should know that some important factors may influence results.

- Change in PSA levels over time known as PSA velocity is used to assess both cancer risk and aggressiveness.
- Blood PSA levels tend to increase with age.
- Larger prostates produce larger amounts of PSA.

A prostate biopsy confirms the presence of prostate cancer.

The decision to proceed with a prostate biopsy should be based primarily on PSA and DRE results. It should also take into account other factors including a man's family history of prostate cancer, his race, any prior biopsy history and other significant health issues he may have.

PSA level in a man's blood is generally a good predictor of the risk of prostate cancer and the extent of the cancer.

Men whose PSA levels rise sharply over a short period are more likely to have prostate cancer than those who do not see significant changes in their PSA velocity.

The decision to use PSA for the early detection of prostate cancer should be individualized. Men should be informed of the known risks and the potential benefits of early screening.

Not all men are appropriate candidates for screening efforts for this disease. Screening in men with less than a 10-year life expectancy, either due to age or other illness or disease, is discouraged.

Early detection and risk assessment of prostate cancer should be offered to men 40 years of age or older who wish to be screened.

Knowing a man's baseline PSA values in his 40s to compare with future PSA tests could help identify those men with life-threatening prostate cancer at a time when there are many treatment options and cure is possible.

If prostate cancer is detected on biopsy, all treatment options should be discussed.

The benefits and risks of the many treatment options should be reviewed and discussed with men found to have prostate cancer. The AUA recommends this discussion include active surveillance as a consideration, since some prostate cancers detected with screening in certain men may not need immediate treatment. The goal of active surveillance is to allow men to maintain their quality of life when the disease is slow-growing or inactive, but still allow them to be cured of prostate cancer when the disease appears to become more aggressive or is growing.

Each man's doctor should assess his health status to determine if he should have PSA testing at any given age. This is especially true in men with excellent health, absence of other serious health concerns, and a history of long life in their family.