Screening for Prostate Cancer

Recommendations for Prostate cancer screening have included measurement of serum PSA levels; other methods such as digital rectal exam or ultrasonography may be included. The U.S Preventive Services Task Force (USPSTF) now recommends against prostate-specific antigen (PSA) – based screening for prostate cancer in all age groups (Grade D recommendation).

The USPSTF recommends against the service and concludes that there is moderate certainty the benefits of PSA-based screening for prostate cancer, do not outweigh the harms. This recommendation applies to men in the general U.S. population.

Information regarding prostate cancer screening should be given to men at average risk beginning at age 50 years and black men or men with a strong family history of prostate cancer should receive information at age 45 years.

All men should be provided with information about what is known and what is uncertain about benefits, limitations, and harms of early detection and treatment of prostate cancer, so they can make an informed decision about testing.

Health care providers should understand the evidence but individualize decision making to the specific patient or situation. They should be prepared to engage in a shared decision making discussion. Clinical considerations to this new recommendation can be found at: www.uspreventiveservicestaskforce.org/prostatecancerscreening.htm.

Digital rectal examination may be offered to asymptomatic men 50 years or older, or younger (45 years) for men with increased risks factors. If abnormalities are noted on DRE, a screening PSA test can be done. USPSTF does not recommend PSA screening in men over age 75. Older men typically have slightly higher PSA levels than younger men. Commonly used ranges are as follows:

- Men below age 50: PSA less than 2.5
- Men 50 - 59 years: PSA level less than 3.5
- Men 60 - 69 years: PSA level less than 4.5
- Men older than 70 years: PSA level less than 6.5

If the patient has an elevated PSA the patient should be referred to an Urologist for further evaluation. In general, the following results need further follow-up and testing:

- A PSA of 4 nanograms per milliliter (ng/mL) for most men
- For men under age 49, levels above 2.5 ng/mL
- For men aged 50 - 59, levels above 3.5 ng/mL
- For men aged 60 - 69, levels above 4.5 ng/mL
- A significant rise from one year to the next may also indicate a higher risk of having prostate cancer. This is called PSA velocity.
- African Americans and Asian Americans may need follow-up testing if they have lower PSA levels.
- A rapidly changing PSA, even within the normal range, raises the likelihood of cancer.

PSA testing is not foolproof; age and other conditions can cause a rise in PSA. Variations of PSA screening, including the use of age adjusted PSA cutoffs; free PSA; and PSA density, velocity, slope, and doubling time, have been used to improve detection of prostate cancer cases.

Though, evaluating the benefits and harms of modifying the existing prostate cancer screening tools are yet to be further researched.

**References**


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