

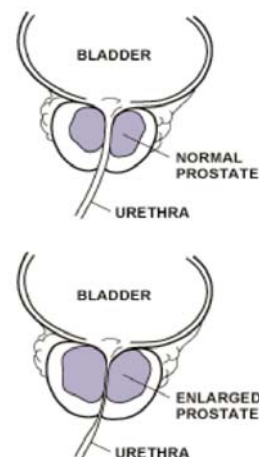
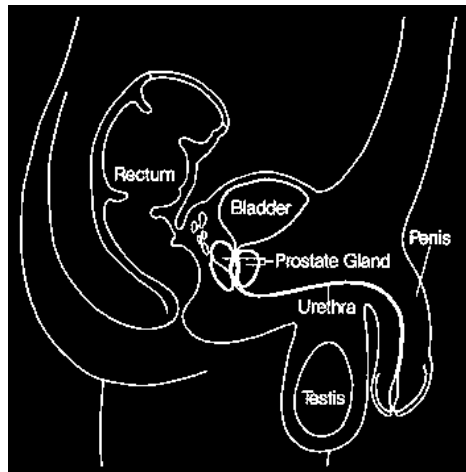
Should I have a prostate-specific antigen (PSA) test to screen for prostate cancer?

PATIENT DECISION AID

The prostate-specific antigen (PSA) test is a blood test that is used to screen for prostate cancer. Many men who are older than 50 have this test, along with a digital rectal exam, as part of their regular check-ups. However, experts disagree on whether PSA testing is right for all men.

If you are thinking about having a PSA test, consider the following risks and benefits of screening.

- There are other causes of a high PSA level besides prostate cancer. A PSA test may begin a process that leads to unnecessary tests and treatment.
- Prostate cancers that are found by a PSA test tend to be curable because they have been caught early.
- Some prostate cancer grows so slowly that it may never affect your health.
- Sometimes prostate cancer grows quickly and leads to death if it is not treated.
- Treatment for prostate cancer can cause serious side effects, including loss of bladder control and being unable to have an erection.
- Having a PSA test may lead to a biopsy that confirms a diagnosis of prostate cancer. If that happens, you will need to decide whether you want treatment—along with the common side effects of that treatment—or you are willing to live with the fact that you have cancer that is not being treated.
- If you have a family history of prostate cancer, having a PSA test could give you peace of mind



What is prostate cancer?

Prostate cancer is the abnormal growth of cells in the tissues of the prostate gland. It is the most common cancer in men. Most men who get it are older than 65.

Unlike many other cancers, it is usually slow growing. Most men will die **with** prostate cancer but not **of** prostate cancer.



Early prostate cancer usually does not cause symptoms. When prostate cancer is diagnosed early, before it has spread outside the prostate gland, it may be cured with radiation or surgery to remove the prostate. As prostate cancer grows or spreads, symptoms may develop, including urinary problems (such as blood in the urine) and bone pain.

African-American men have higher rates of both prostate cancer and deaths caused by prostate cancer. If your father, brother, or son has had prostate cancer, you have a higher-than-average chance of getting the disease.

What is the prostate-specific antigen test?

The prostate-specific antigen (PSA) test is a blood test. PSA is released into a man's blood by the cells that make up the prostate gland. Low amounts of PSA may be found in the blood of healthy men. The amount of PSA in the blood normally increases as a man's prostate enlarges with age. It also increases after ejaculation and after trauma to the prostate caused by such things as a long bike ride. It is also increased by inflammation of the prostate gland (prostatitis) and by prostate cancer.

The PSA test is usually done along with a digital rectal exam. Together they can help identify men who may have prostate cancer and should consider further tests.

How should age affect the decision to have a PSA test?

Your chance of getting prostate cancer increases as you age. Men who are younger than 50, as well as men who are between 50 and 70 who do not have serious health problems, may gain the most from early detection and treatment. Men, older than 70, are more likely to die of other causes, such as heart failure or other cancers. If a patient is over 70 but has a life expectancy greater than ten years, the PSA still may have benefit.

What kind of results can a PSA test show?

A PSA level of 0 to 4.0 nanograms per milliliter (ng/mL) is considered to be normal for a man in his 50s or 60s. A result of 4.0 or higher may be caused by an enlarged prostate, prostate infection, or prostate cancer. A rapid rate of rise of a PSA may be more predictive of a clinically significant prostate cancer than the absolute value of the number. A high PSA that is not rising may indicate a benign cause. The amount of PSA in the blood normally increases as a man's prostate enlarges with age. However, the PSA level increases more over time in men who have prostate cancer than in men who do not.

What are the risks of having a PSA test?

If your PSA test indicates that you may have prostate cancer, your doctor may recommend a biopsy, which is the only way to confirm the presence of prostate cancer. If the biopsy confirms cancer, you must decide whether to treat it.

While treating your cancer may lead to a number of cancer-free years, studies have not proved conclusively that treatment resulting from a PSA test helps men live longer or improves their quality of life. This is because so many cancers that are found and treated after a PSA test are the type that most likely would never have caused any problems.



The PSA test and digital rectal exam may indicate a problem when there is not one (false-positive result). Only about 20% to 30% of men who have a PSA test result greater than 4.0 ng/mL actually have prostate cancer. These tests may also fail to detect a problem when there is one (false-negative result). One study found that 15% of men who have a PSA level of 4.0 or less developed prostate cancer.

The prostate naturally enlarges as a man gets older. More than half of all men who are older than 50 have an enlarged prostate. Prostate enlargement affects the PSA test, making it less accurate. Because several other things can make PSA levels go up—for example, ejaculation or an infection in the prostate—your doctor may recommend that you have another PSA test later before you make any further decisions.

A few prostate cancers grow rapidly. Men who have fast-growing cancers are more likely to die from prostate cancer than men who have slower-growing cancers. A single PSA test cannot accurately predict which type of prostate cancer a man has. Serial PSA's may give more information as to risk.

What do the experts recommend?

Medical experts disagree on whether men 50 or older should routinely have PSA tests to screen for prostate cancer. They do agree that men should be given the pros and cons of PSA testing so that they can make their own decisions.

Some experts worry that PSA testing for prostate cancer begins a process that can force a man to make difficult decisions and can lead to other health problems that are caused by the treatment for prostate cancer. Studies continue to evaluate the effectiveness of PSA tests.

The American Cancer Society recommends that men who are in good health and have a life expectancy of at least 10 years should be offered annual screening tests beginning at age 50. The American Cancer Society and the American Urologic Association recommend screening if you are an African-American man who is older than 45. The American Cancer Society recommends screening even earlier—starting at 40—if you have several close relatives who developed prostate cancer before age 65.

Some medical organizations, including the U.S. Preventive Services Task Force, are more cautious. They recommend that doctors discuss potential benefits and risks of PSA tests with men who are considering screening and that decisions about screening should be designed for and with each man.

Some medical groups such as the American Academy of Family Physicians, the National Cancer Institute, the Centers for Disease Control and Prevention, and others, do not recommend routine testing for prostate cancer.

Reasons to have a PSA test	Reasons to not have a PSA test
<ul style="list-style-type: none"> • It may provide reassurance if the test result is normal. • A PSA test can detect prostate cancer early, while it is small and usually curable. • Undetected prostate cancer may grow and spread into other tissues. Prostate cancer that has spread often cannot be cured. 	<ul style="list-style-type: none"> • Prostate cancer often grows slowly and may never cause symptoms. • PSA test results may be inconclusive and may require further testing. • A PSA test may begin a process that can force you to make difficult decisions about further testing and treatment. • Testing could lead to cancer treatment

<ul style="list-style-type: none"> • Men in their 50s and 60s who are in good health may benefit from testing for and then treating prostate cancer. • When PSA tests are done annually for several consecutive years, they are helpful tools to monitor any changes in your PSA level. <p>Are there other reasons you might want to have a PSA test?</p>	<p>that can cause other health problems, especially loss of bladder control and being unable to have an erection.</p> <ul style="list-style-type: none"> • Treatment of early prostate cancers might not help you live longer. • False positives are common. • It could miss cancer in the prostate, and falsely reassure you that all is well. • It could lead to anxiety and a biopsy when you have no cancer. • It could lead to a biopsy, even though you have no cancer. <p>Are there other reasons you might not want to have a PSA test?</p>
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Personal stories about having a prostate-specific antigen (PSA) test to screen for prostate cancer

These stories are based on information gathered from health professionals and consumers. They may be helpful as you make important health decisions.

Eric, age 56: I have two children who are in high school right now, and both plan to go to college. It's important to me to provide for them and ensure that they have the money they need to finish their education. If I found out I had cancer, I would try any treatment that might offer me a chance to live longer, even if it has side effects. I'm going to have the PSA test.

Mike, age 62: For me, there is still too much uncertainty about the benefits of the PSA test. I tend to stay away from things that aren't yet proven to work, even when I know there is a chance that we might someday find out there is a benefit. I'm willing to take that chance. Because I want to avoid the risks of inexact test results and additional tests, I'm not going to have the test.

Jacob, age 68: My health is great. I still run, play tennis, and travel a lot. At my age, you start to see friends getting sick and dying of one thing or another, and it makes you start to think about your own health more. I know that the PSA test isn't perfect, but I want to have every chance I can to treat cancer early if I have it.

Peter, age 67: I've done some reading on this subject, and I know that I'm a lot more likely to die from my heart disease than from prostate cancer. Right now I'm focusing my efforts on controlling my blood pressure and cholesterol because I know that treating those things can help me live longer and better. I know that if I had the PSA test and it was high, I would just worry and be stressed out. That's not good for my heart either!



Use this worksheet to help you make your decision. After completing it, you should have a better idea of how you feel about having a PSA test. Discuss the worksheet with your doctor.

Circle the answer that best applies to you.

I'm only in my early 50s and want to find out now, while I'm in robust health, if I have cancer in my prostate.	Yes	No	NA*
My health is not so good, and I'm not sure I am up to pursuing cancer testing and treatment.	Yes	No	NA
It is important for me to know if I have cancer, even if it is early and not causing symptoms yet.	Yes	No	Unsure
If the PSA test and any necessary cancer treatment will not add years to my life, I am not sure it's smart to get tested.	Yes	No	Unsure
I don't want to have to get tests and then more tests just to find out if I have a cancer that is small and not growing fast.	Yes	No	Unsure
A PSA test may not be a good screening test for me because I have an enlarged prostate and am aware that my PSA levels will always be higher than normal.	Yes	No	NA
I am concerned that I might end up with urinary and erection problems if I have treatment after positive results from a PSA test.	Yes	No	Unsure
There's a history of prostate cancer in my family, and I will do anything I can to avoid having this cancer.	Yes	No	NA
If my PSA is high, I am not willing to have additional testing to determine whether I have prostate cancer.	Yes	No	Unsure

What is your overall impression?

Your answers in the above worksheet are meant to give you a general idea of where you stand on this decision. You may have one overriding reason to have or not have a PSA test. Check the box below that represents your overall impression about your decision.

Leaning toward having a PSA test

Leaning toward NOT having a PSA test

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