Printed December 10, 2013 from http://www.cancer.net/publications-and-resources/asco-care-and-treatment-recommendations-patients/prostate-specific-antigen-psa-testing-prostate-cancer-screening

Prostate-Specific Antigen (PSA) Testing for Prostate Cancer Screening

Introduction

The American Society of Clinical Oncology (ASCO) has issued aprovisional clinical opinion [1] on the use of PSA testing to screen for prostate cancer in men with no symptoms of the disease. A provisional clinical opinion offers direction to doctors and others after the publication or presentation of information that could change screening, testing, or treatment decisions.

About Prostate Cancer and PSA Testing

Prostate cancer begins in the prostate. The prostate is a walnut-sized gland located inside the body underneath the bladder. Its main function is to make seminal fluid, the liquid in semen that protects, supports, and helps transport sperm.

Prostate cancer grows slowly in many men, so slowly that in some men it would not threaten their life, even if not treated. However, in some men, prostate cancer can grow quickly and may spread to other parts of the body. In these situations, a man?s prognosis (chance of recovery) may be better if these faster-growing, more dangerous cancers are found earlier, when treatment is more effective. This has been the goal for using PSA testing to screen men with no symptoms of prostate cancer. PSA is a substance in the blood that is primarily made by the prostate gland. It can be found in higher-than-normal levels in men with various prostate conditions, including prostate cancer, benign (noncancerous) prostatic hyperplasia (BPH, an enlarged prostate), and inflammation or infection of the prostate.

There is controversy about using the PSA test to look for prostate cancer in men with no symptoms of the disease. Although the PSA test has been shown to lower death rates from prostate cancer by finding prostate cancer earlier, it also has increased the number of unnecessary prostate biopsies and treatments. A prostate biopsy is the removal of a small amount of tissue from the prostate to look for cancer cells. About three out of four men who have a prostate biopsy because of an elevated PSA test result will not have prostate cancer. Of those that are diagnosed with prostate cancer, many will have low-risk cancers that would have never caused symptoms or shortened their lives, while other men will have the more aggressive prostate cancers that can be treated earlier. Because biopsies and prostate cancer treatments have serious side effects, including risk of infection, impotence (inability to get an erection), and incontinence (inability to control urine flow), it is important for men and their doctors to consider the risks and benefits of prostate cancer screening with a PSA test.

Recommendations for PSA Testing

ASCO developed the following recommendations for PSA testing in men with no symptoms of the disease:

- For men expected to live 10 years or less, general screening is not recommended because the risks appear to outweigh the benefits for most men.
- For men expected to live longer than 10 years, patients should talk about PSA testing with their doctors to find out if it is an appropriate test for them.

What this Means for Patients

Before considering PSA testing, it?s important to talk with your doctor about your individual risk of developing prostate cancer, as well as the risks and benefits of PSA testing. In some situations, PSA testing finds aggressive prostate cancers early and save lives. However, it is not easy for a doctor to predict which tumors will grow and spread quickly and which ones will grow slowly. In some situations, men who have a prostate cancer that will never cause them harm may be discovered, and this discovery means these men will undergo additional testing and treatments that turn out to be unnecessary. These tests and treatments put a man at risk for infection, impotence, incontinence, and rarely, death. Each man?s risk of prostate cancer and acceptance of potential side effects is different. ASCO has developed aDecision Aid on prostate cancer testing [2] to use when talking with your doctor about PSA testing.

Questions to Ask Your Doctor

- How is my health in general?
- What is my risk of developing prostate cancer? How is it determined?
- Is PSA testing appropriate for me? If so, at what age should testing begin?
- What is the purpose of a PSA test?
- What issues should I consider before making my decision?
- What are some reasons I wouldn?t get a PSA test?
- If I choose PSA testing, what are the next steps if I have a raised PSA level? How often should I be screened?

- Are there other tests to help find prostate cancer early?

For More Information

Guide to Prostate Cancer [3]

Cancer Screening [4]

The information in this guide is not intended as medical or legal advice, or as a substitute for consultation with a physician or other licensed health care provider. Patients with health care-related questions should call or see their physician or other health care provider promptly and should not disregard professional medical advice, or delay seeking it, because of information encountered in this guide. The mention of any product, service, or treatment in this guide should not be construed as an ASCO endorsement. ASCO is not responsible for any injury or damage to persons or property arising out of or related to any use of this patient guide, or to any errors or omissions.

ASCO?s provisional clinical opinions (PCOs) reflect expert consensus based on clinical evidence and literature available at the time they are written, and are intended to assist physicians in clinical decision-making and identify questions and settings for further research. Due to the rapid flow of scientific information in oncology, new evidence may have emerged since the time a PCO was submitted for publication. PCOs are not continually updated and may not reflect the most recent evidence. PCOs cannot account for individual variation among patients, and cannot be considered inclusive of all proper methods of care or exclusive of other treatments. It is the responsibility of the treating physician or other health care provider, relying on independent experience and knowledge of the patient, to determine the best course of treatment for the patient. Accordingly, adherence to any PCO is voluntary, with the ultimate determination regarding its application to be made by the physician in light of each patient's individual circumstances. ASCO PCOs describe the use of procedures and therapies in clinical practice and cannot be assumed to apply to the use of these interventions in the context of clinical trials. ASCO assumes no responsibility for any injury or damage to persons or property arising out of or related to any use of ASCO?s PCOs, or for any errors or omissions.

Links:
[1] http://www.asco.org/pco/psa
[2] http://www.asco.org/sites/www.asco.org/files/psa_pco_decision_aid_71612.pdf
[3] http://www.cancer.net/node/19562
[4] http://www.cancer.net/node/24972