

Screening for Prostate Cancer: U.S. Preventive Services Task Force Recommendation Statement

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The full report is titled “Screening for Prostate Cancer: U.S. Preventive Services Task Force Recommendation Statement.” It is in the 17 July 2012 issue of *Annals of Internal Medicine* (volume 157, pages 120-134). The author is V.A. Moyer, on behalf of the U.S. Preventive Services Task Force.

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Who developed these recommendations?

The U.S. Preventive Services Task Force (USPSTF), which is a group of health experts that makes recommendations about preventive health care.

What is the problem and what is known about it so far?

The prostate is an organ in men that surrounds the tube that empties urine from the bladder. Prostate cancer is the most commonly diagnosed non-skin cancer among men in the United States. The most common prostate cancer symptoms are difficult or frequent urination, but many men have no symptoms.

A blood test that measures prostate-specific antigen (PSA) levels can find prostate cancer before symptoms develop. If the PSA level is high, a prostate biopsy may be needed to see whether cancer is actually present. During biopsy, doctors insert a hollow needle into the prostate to obtain a piece of the prostate to examine under a microscope.

At present, there is no way to tell with certainty which cases of prostate cancer are life-threatening and require treatment, and which cases are not. Most prostate cancer grows very slowly, and many men with prostate cancer die of something other than prostate cancer. However, screening puts men at risk for unnecessary worry and adverse effects of treatment with surgery, hormones, or radiation therapy.

In 2008, the USPSTF recommended that men older than 75 years of age not get PSA-based screening and concluded that there was not enough information to make a recommendation for younger men. It wanted to update that recommendation by reviewing studies that have become available since 2008.

How did the USPSTF develop these recommendations?

The USPSTF reviewed published research to measure the benefits and harms of screening for prostate cancer with PSA testing.

What did the authors find?

Good evidence shows that PSA-based screening prevents only 0 to 1 prostate cancer death for every 1000 men screened. No studies show any benefit in overall death rates.

Good evidence shows that PSA-based screening can cause harms, including pain and complications from prostate biopsy and worry about test results. However, the more worrisome harms are related to treatment of prostate cancer found by screening when most of these cases, if not detected by screening, would never have caused problems for the patient. The side effects of prostate cancer treatments include sexual dysfunction, bowel and bladder incontinence, and even death.

What does the USPSTF recommend that patients and doctors do?

For men of any age, the USPSTF recommends that doctors and patients do not screen for prostate cancer because the potential benefits do not outweigh the harms. However, the USPSTF realizes that some men may continue requesting the PSA test and some physicians may continue offering it. The decision to start or continue screening should be an informed one that reflects an understanding of the possible benefits and harms and should respect an individual man's preferences.

What are the cautions related to these recommendations?

These recommendations apply to men of all ages. They do not include the use of the PSA test for monitoring after a diagnosis of prostate cancer or after treatment of prostate cancer. The recommendations may change as new studies become available.

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