Is Prostate Cancer Screening Right for You? Understanding the Potential Benefits vs. Risks for Men 55 and Older

The prostate-specific antigen (PSA) screening test is the most common method clinicians use to screen for prostate cancer. The PSA test measures the amount of PSA, a type of protein, in the blood. When a man has an elevated PSA level, it may be caused by prostate cancer, but it could also be caused by other conditions too.

Studies show that PSA-based screening in men 55–69 comes with potential benefits and harms over a period of 10–15 years.

Of 1,000 Men Offered PSA-based Screening

- 240 Get a Positive Result, which may indicate prostate cancer
  - Of those, 100 Get a Positive Biopsy, showing definite cancer
  - 65 Choose immediate treatment
  - 15 Choose treatment after a period of active surveillance
  - 80* Choose Surgery or Radiation Treatment
  - 3 Avoid Cancer Spreading to other organs
  - 1–2 Avoid Death From Prostate Cancer

Many of these men will learn they have a false-positive result after getting a biopsy. Potential side effects of biopsy:
- Pain
- Bleeding
- Infection

20%–50% of these men will have cancer that never grows, spreads, or harms them.

60 or more will experience serious complications:
- Urinary incontinence
- Sexual impotence

For men 55–69, the decision to receive PSA-based screening should be between the clinician and the patient and include a complete understanding of all potential harms as well as benefits, and incorporate the patient’s values and preferences. (C grade)

For men 70 and older, the U.S. Preventive Services Task Force recommends against PSA-based screening because the potential benefits do not outweigh the harms. (D grade)

Note: This summary document is based on a comprehensive review of PSA-based screening and treatment studies, and is meant for informational purposes. Men with questions should talk to a trusted health care professional to learn more about the potential benefits and harms of PSA-based screening.

* This includes men who choose surgery or radiation at diagnosis, as well as men who choose to monitor their cancer initially and later have surgery or radiation when it progresses.
