

**Clinical Summary: Screening for Prostate Cancer**

<b>Population</b>	<b>Men aged 55 to 69 y</b>	<b>Men 70 y and older</b>
<b>Recommendation</b>	<b>The decision to be screened for prostate cancer should be an individual one.</b> <b>Grade: C</b>	<b>Do not screen for prostate cancer.</b> <b>Grade: D</b>

<b>Informed Decision Making</b>	Before deciding whether to be screened, men aged 55 to 69 years should have an opportunity to discuss the potential benefits and harms of screening with their clinician and to incorporate their values and preferences in the decision. Screening offers a small potential benefit of reducing the chance of death from prostate cancer in some men. However, many men will experience potential harms of screening, including false-positive results that require additional testing and possible prostate biopsy; overdiagnosis and overtreatment; and treatment complications, such as incontinence and erectile dysfunction. Harms are greater for men 70 years and older. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the balance of benefits and harms on the basis of family history, race/ethnicity, comorbid medical conditions, patient values about the benefits and harms of screening and treatment-specific outcomes, and other health needs. Clinicians should not screen men who do not express a preference for screening and should not routinely screen men 70 years and older.
<b>Risk Assessment</b>	Older age, African American race, and family history of prostate cancer are the most important risk factors for prostate cancer.
<b>Screening Tests</b>	Screening for prostate cancer begins with a test that measures the amount of prostate-specific antigen (PSA) protein in the blood. An elevated PSA level may be caused by prostate cancer but can also be caused by other conditions, including an enlarged prostate (benign prostatic hyperplasia) and inflammation of the prostate (prostatitis). Some men without prostate cancer may therefore have false-positive results. Men with a positive PSA test result may undergo a transrectal ultrasound-guided core-needle biopsy of the prostate to diagnose prostate cancer.
<b>Treatments</b>	The 3 most common treatment options for men with screen-detected, localized prostate cancer are surgical removal of the prostate gland (radical prostatectomy), radiation therapy (external-beam radiation therapy, proton beam therapy, or brachytherapy), and active surveillance.

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <https://www.uspreventiveservicestaskforce.org>.