Screening for Prostate Cancer: Clinical Summary of a U.S. Preventive Services Task Force Recommendation

Population	Men Younger than Age 75 Years	Men Age 75 Years or Older
Recommendation	No recommendation Grade: I (Insufficient Evidence)	Do not screen Grade: D

Risk assessment	Prostate cancer is more common in older men, African Americans, and men with a family history of prostate cancer. The same uncertainties about the effects of screening that apply to other men also apply to these higher-risk men.	
Screening tests	The prostate-specific antigen (PSA) test is more sensitive than the digital rectal examination (DRE). The conventional PSA test cut-point of 4.0 μg/L misses some early cancer. However, lowering the cut-point would increase the rate of false-positive results. Variations of PSA screening have not yet been demonstrated to improve health outcomes.	
Screening intervals	If PSA screening reduces mortality, screening every 4 years may be as beneficial as annual screening.	
Interventions	Management strategies for localized prostate cancer include watchful waiting, active surveillance, surgery, and radiation therapy. There is no consensus regarding optimal treatment.	
Balance of harms and benefits	• The harms of screening include the discomfort of prostate biopsy and the psychological harm of false-positive test results. • Harms of treatment include erectile dysfunction, urinary incontinence, bowel dysfunction, and death. A proportion of those treated, and possibly harmed, would never have developed cancer symptoms during their lifetime.	
	For men younger than age 75 years, evidence is inadequate to determine whether screening improves health outcomes. Therefore, the balance of harms and benefits cannot be determined.	For men age 75 years or older and for those whose life expectancy is 10 years or fewer, the incremental benefit from treatment of prostate cancer detected by screening is small to none. Therefore, harms outweigh benefits.
Suggestions for practice	Clinicians should discuss the potential benefits and known harms of PSA screening with their patients younger than age 75 years. Men in this age group should be informed of the gaps in the evidence, and their personal preferences should guide the decision of whether to order the test.	
Other relevant recommendations from the USPSTF	A list of USPSTF recommendations on cancer screening can be found at www.preventiveservices.ahrq.gov.	