

# Information for Patients Regarding Prostate Cancer and PSA Testing

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The CRICO/RMF Prostate Cancer Task Force recommends that discussions about testing average risk men for prostate cancer should begin at age 50 and be revisited periodically. PSA testing for men age 75 and older appears to do more harm than good. The following information is intended as a reference for patients who have recently had that discussion. If you have any questions, call your doctor.

## How common is prostate cancer?

- Small traces of prostate cancer are found in many men, including about one-third of men over age 75. Most of these prostate cancers will not cause future problems.
- Men who get regular PSA tests about double their chance of having to deal with prostate cancer sometime in their lives. In the United States, where PSA testing is common, about one man in six eventually finds out he has prostate cancer.
- African-American men, and men with a close relative (father, brother, or son) with prostate cancer have a higher risk of prostate cancer.
- About 30 out of 1,000 men will eventually die of prostate cancer. At best, PSA testing leading to diagnosis and treatment appears to lower this risk to about 24 out of 1,000.

## Should I be tested for prostate cancer?

Men age 50 and older should discuss prostate cancer with their physicians. African-Americans, or men with a family history, should start the discussion at age 45. For some men, depending on their age and overall health, testing is not necessary. Because most prostate cancers grow slowly, testing is not considered useful after age 75.

Your decision to undergo or decline prostate cancer testing should be based on a thorough understanding of what the tests can and cannot determine, and their risks and benefits.

## What does prostate cancer testing involve?

### 1. *Personal and family history*

The doctor will ask about your medical history and whether or not any close relatives were diagnosed with prostate cancer. He or she may also ask about certain symptoms that might indicate prostate disease (including cancer). Waking during the night to urinate, frequent need to urinate, or difficulty starting or stopping while urinating may indicate that your prostate is enlarged. These symptoms do not raise the risk of prostate cancer.

### 2. *Digital rectal exam*

The doctor will exam your prostate gland with his or her finger to detect any abnormalities, such as enlargement or nodules (lumps).

### 3. *Prostate Specific Antigen (PSA) Test*

By testing your blood, the doctor can determine if your prostate is producing an excessive amount of PSA. If your PSA is above average—or if it increases significantly over the course of several annual blood tests—your doctor may recommend that you have a biopsy.

### 4. *Biopsy*

To confirm or rule out prostate cancer, your doctor may order a biopsy, in which small samples of your prostate are removed (by needle) and examined. Biopsies can sometimes cause bleeding or infection.

## Pros and cons of PSA testing

### *Pros*

- PSA testing can find some cancers earlier than other tests, such as the digital rectal exam.
- Earlier detection may allow some prostate cancers to be cured with surgery or radiation treatment.
- PSA tests, and resultant diagnosis and treatment for prostate cancer may lower a man's chances of dying of prostate cancer by a small amount (from 30 per 1,000 to 24 per 1,000).
- A normal PSA test result can provide peace of mind.

### *Cons*

- Men who get regular PSA tests are much more likely to have to deal with prostate cancer over their lives.
- Elevated PSA levels may cause anxiety that is not relieved, even with a negative biopsy.
- The PSA test result can be elevated even when a man does not have prostate cancer (a “false positive” test).
- The PSA test result can be normal even when a man does have prostate cancer (a “false negative” test).
- If prostate cancer is found, treatment with surgery or radiation can have side effects such as loss of sexual function and problems controlling urination.

## Deciding what to do

Current PSA testing is not highly accurate or specific: some men with normal PSA test results nevertheless have prostate cancer and some men with abnormal PSA test results do not have prostate cancer. Your age and risk factors can help you and your doctor make the decision to undergo PSA testing. If you decline testing at the time of the initial discussion, your doctor will revisit the subject in a year or two—or if you begin to exhibit concerning symptoms. Once you do begin PSA testing, your doctor will recommend periodic repeat tests to determine if your PSA is increasing at an abnormal rate.