

Keywords used: prostate cancer

Problem: In the United States, prostate cancer affects one in eight men. It seems that screening would improve outcomes. However, there is no difference in mortality rates for those screened early. Physicians wonder if they should recommend prostate cancer screening to patients.

Solution: Doctors play an important role in decision-making about prostate cancer screening. This article delivers valuable considerations to help with the conversation.

Prostate Cancer: To Screen or Not to Screen?

Should prostate cancer screening be a routine annual test? The debate is still out. In the United States, prostate cancer affects one in eight men. It seems that screening would improve outcomes. However, there is no difference in mortality rates for those screened early.

Since prostate cancer is often slow-growing and non-aggressive, many live an active, healthy life despite the cancer. It is odd to think that men may be better off without prostate cancer screening. However, prostate cancer is not always asymptomatic. Metastatic prostate cancer, or advanced prostate cancer, is on the rise. These cancers mandate immediate treatment.

It is not easy to know what to do. Should men screen or not? Patients look to their providers for direction. Doctors play an important role in decision-making about prostate cancer screening. This article provides clinicians with information to guide the conversation.

Key Takeaways

- Prostate cancer is typically a slow-growing, non-aggressive cancer. Therefore, most men can live an active, healthy life even with prostate cancer.
- Since there is no difference in mortality rates for those screened early, many physicians question its value.
- PSA levels and a digital rectal exam are the screens physicians use to check for prostate cancer.
- Patients need to weigh the pros and cons of screening to make an informed decision.
- Active surveillance or watchful waiting is a viable option for many men with prostate cancer.

Prostate cancer screening

Screening for prostate cancer includes a blood test and a rectal exam. These tests help detect cancer before symptoms arise. The two standard screens are prostate-specific antigen and digital rectal exam.

Prostate-specific antigen (PSA)

PSA, a protein made by the prostate gland, is primarily found in semen but also in the blood. The rise of PSA levels can indicate prostate cancer. There is no PSA range to determine prostate cancer definitively. However, most doctors consider further evaluation when PSA is 4 ng/mL or higher. Men with PSA levels 4 - 10 have a 25% chance of having prostate cancer, and **those with 10 ng/mL or more have a 50% chance of prostate cancer**. Regardless, PSA levels are not always reliable. Some factors that may elevate PSA levels are the following:

- Older man
- Enlarged prostate
- Prostatitis
- Recent ejaculation
- Bike-riding
- Urologic procedures like prostate biopsy or cystoscopy

Herbal mixtures, 5-alpha reductase inhibitors, and other medications may lower PSA levels. Though PSA results are not infallible, they provide valuable information for patients and providers.

Digital rectal exam (DRE)

Physicians use DRE to feel for bumps or hard nodules in the prostate. The prostate rests anterior to the rectum, and cancers typically begin growing on the back of the gland. These two factors make rectal exams useful for palpating prostate abnormalities.

Evaluating the benefits of prostate cancer screening

Men often feel conflicted when deciding whether to screen for prostate cancer. They do not want to ignore a problem. But they also do not want unnecessary anxiety, discomfort or hospital visits. Patients look to clinicians for advice.

Due to the rise in metastatic prostate cancer, the United States Preventative Services Task Force (USPSTF) recommends **men ages 55-69 discuss the pros and cons of screening with their doctor**. The USPSTF does not recommend screening for men over 70.

Pros

Cancer screening promotes early detection, allowing individuals to treat cancer promptly. **Treatment is often easier with early detection**. Additionally, the PSA blood test is simple to perform during annual check-ups.

Cons

As with most screenings, there is a **risk of false positives and negatives**. False positives can result in an unnecessary biopsy, and false negatives give patients a mistaken sense of security.

With more screens comes a risk of overdiagnosis, or detecting problems that do not need treatment. Prostate cancer is often not life-threatening or symptomatic. The diagnosis frequently adds more anxiety, not more days. Additionally, overdiagnosis can lead to unnecessary interventions like surgery or radiation.

Active surveillance vs. watchful waiting

Prostate cancer is typically slow-growing and does not always mandate immediate intervention. In fact, treatment can cause more harm than good. Physicians can recommend active surveillance or watchful waiting based on patients' preferences.

With active surveillance, providers check PSA levels, monitoring for changes and new symptoms. Doctors are ready with a treatment plan if cancer cells begin rapidly growing. With active surveillance, patients can continue living an active, healthy life, assured that physicians are closely monitoring. Typically, active surveillance includes the following:

- PSA blood test every six months
- DRE annually
- Some providers perform a biopsy and imaging every few years

Conversely, watchful waiting includes less intense follow-up with fewer tests. This method of monitoring depends on the patient reporting changes in symptoms. It is better suited for older men or those with other comorbidities.

The American Cancer Society (ACS) recommends physicians use one of these methods when the cancer is:

- Asymptomatic
- Small
- Localized to the prostate
- Expected to be slow-growing

Active surveillance or watchful waiting are **appropriate monitoring approaches for many patients with elevated PSA levels or non-aggressive prostate cancer**. Molecular tests help physicians determine who qualifies for active surveillance versus treatment. The multiparametric MRI (mpMRI) is one example of a molecular test.

Promoting men's health with screening resources

Prostate cancer screening may seem like a no-brainer. Yet, the American Cancer Society and the Prostate Cancer Foundation agree that this assumption is not always valid. Prostate cancer is often harmless to men. It is strange to say that treatments like surgery and radiation could do more harm than good.

<Facility Name> is **your partner in care as you navigate the complexity of conditions like prostate cancer**. Visit <Facility website> to learn more about our urology and oncology services. You can also click the "Refer" button to get your patient started today.

Resources

"American Cancer Society Recommendations for Prostate Cancer Early Detection." American Cancer Society, 2023, American Cancer Society Recommendations for Prostate Cancer Early Detection | American Cancer Society.

"Can Prostate Cancer Be Found Early?" American Cancer Society, 2023, Can Prostate Cancer Be Found Early? | How to Detect Prostate Cancer? | American Cancer Society.

"Screening Tests for Prostate Cancer." American Cancer Society, 2023, Prostate Cancer Screening Tests | American Cancer Society.

"Observation or Active Surveillance for Prostate Cancer." American Cancer Society, 2023, Active Surveillance for Prostate Cancer | Watchful Waiting for Prostate Cancer | American Cancer Society.

"Should I Be Screened?" Prostate Cancer Foundation, Should I Be Screened? | Prostate Cancer Foundation.

"Rates of advanced prostate cancer are on the rise, new data show." Urology Times, 2023, Rates of advanced prostate cancer are on the rise, new data show.