

# Screening for Prostate Cancer

The US Preventive Services Task Force (USPSTF) has recently published recommendations on screening for prostate cancer in asymptomatic men.

## What Is Prostate Cancer?

The prostate gland sits just below the bladder in men and is responsible for making fluid that is part of semen. Prostate cancer is one of the most common cancers in men; however, it is an unusual type of cancer because it has a wide range of **clinical behaviors** (how serious or not serious the cancer is). Some prostate cancers can be very rapidly growing and life-threatening, but most progress very slowly and never cause any symptoms or become life-threatening. Many men with prostate cancer end up dying of other causes, never knowing that they had prostate cancer. Autopsy studies have shown that among men in their 70s who died of causes other than prostate cancer, more than 1 in 3 also had prostate cancer.

Looking for prostate cancer via screening often results in finding cancers that never would have become health problems otherwise. This is called **overdiagnosis**, which can lead to unnecessary treatment (**overtreatment**). Prostate cancer treatment can have serious side effects such as impotence and urinary incontinence. For these reasons, screening for prostate cancer is controversial.

## What Tests Are Used to Screen for Prostate Cancer?

Screening for prostate cancer is done using a test that looks for a protein in the blood called **prostate-specific antigen (PSA)**. A high PSA level can be a sign of prostate cancer. However, other noncancer conditions such as an enlarged prostate or inflammation of the prostate can also cause a high PSA level. A biopsy of the prostate gland is necessary to make the diagnosis of cancer.

## What Is the Patient Population Under Consideration for Screening for Prostate Cancer?

This USPSTF recommendation applies to adult men without symptoms of prostate cancer, including those with risk factors for prostate cancer (such as black race and family history of prostate cancer.)

## What Are the Potential Benefits and Harms of Screening for Prostate Cancer?


The goal of screening for prostate cancer is to find more aggressive prostate cancers earlier, which would lead to earlier treatment of and decreased death due to advanced or metastatic prostate cancer. However, based on current data from randomized clinical trials, no mortality benefit has been seen from screening men aged 70 years or older. Potential harms of screening include false-positive results that lead to unnecessary biopsies, as well as overdiagnosis and overtreatment, which can reduce quality of life.

## How Strong Is the Recommendation for Screening for Prostate Cancer?

The USPSTF concludes with moderate certainty that for men aged 55 to 69 years, the potential benefits and harms of screening for prostate cancer are closely balanced. The decision for screening should be discussed between physicians and individual patients and made based on individual preferences, values, and risk factors. For example, if someone is not willing to go through treatment and risk side effects of long-term impotence and incontinence, he should not be screened. For men aged 70 years or older, the USPSTF concludes with moderate certainty that the potential harms of screening for prostate cancer outweigh the potential benefits.


## Bottom Line: Current Recommendation for Screening for Prostate Cancer

For men aged 55 to 69 years, the USPSTF recommends individualized decision making regarding screening based on personal values and risk factors ("C" recommendation). For men aged 70 years or older, the USPSTF does not recommend screening for prostate cancer ("D" recommendation).

| Screening for Prostate Cancer  |  |
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| <br><b>ADULT MEN</b><br>Without symptoms of prostate cancer | <b>USPSTF recommendation grade</b><br><div style="display: flex; flex-direction: column; gap: 10px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 5px; font-size: 2em; font-weight: bold; color: green;">C</div> <div> <p>Men aged 55 to 69 years</p> <p>Recommendation depends on the patient's situation.</p> </div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 5px; font-size: 2em; font-weight: bold; color: red;">D</div> <div> <p>Men aged 70 years or older</p> <p>Not recommended</p> </div> </div> </div> |

### FOR MORE INFORMATION

US Preventive Services Task Force  
[www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/prostate-cancer-screening](http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/prostate-cancer-screening)

 A JAMA Patient Page on prostate cancer screening was published in the November 17, 2015, issue of *JAMA*. To find this and other JAMA Patient Pages, go to the For Patients collection at [jamanetworkpatientpages.com](http://jamanetworkpatientpages.com).

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**Correction:** This Patient Page was corrected on May 24, 2018, for an incorrect URL in the "For More Information" box.

**Source:** US Preventive Services Task Force. Screening for prostate cancer: US Preventive Services Task Force recommendation statement. *JAMA*. doi:10.1001/jama.2018.3710

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