

Prostate Cancer Screening

Clinician Guide

NOVEMBER 2017

Introduction This guideline was developed using an evidence-based methodology by the KP National Prostate Cancer Guideline Development Team (GDT). This guideline is intended to assist primary care physicians and other health care professionals in the screening for prostate cancer in adult men.

Definitions

- ▶ PSA-based screening: PSA-based screening is defined as a screening program for prostate cancer in asymptomatic men that incorporates one or more PSA measurements, with or without additional modalities such as digital rectal examination or trans-rectal ultrasonography.

Key Points

- ▶ The decision about whether to be screened for prostate cancer should be an individual one and should be made after discussion with a clinician, so that each man has an opportunity to understand the potential benefits and harms of screening and to incorporate his values and preferences into his decision.¹

Prostate Cancer Screening

Prostate Cancer Screening in Average-risk Men

- ▶ For average-risk men ages 50-69 who have at least a 10-year life expectancy, consider offering PSA-based² prostate cancer screening.

Prostate Cancer Screening in High-risk Men

- ▶ For higher-risk men (Black/African American descent or family history³ of prostate cancer in at least one first-degree relative) ages 45-69 who have at least a 10-year life expectancy, consider offering PSA-based prostate cancer screening.

Shared Decision-making

- ▶ If PSA-based screening is offered, it should be done in the context of shared decision-making.

Discontinuation of screening

- ▶ For men age 70 years and older, do not offer prostate cancer screening.

Screening frequency

- ▶ For men who elect to have PSA-based prostate cancer screening, a screening interval of every 2 years is an option.

¹ <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementDraft/prostate-cancer-screening1>

² While there is evidence that DRE may detect some cancers that are not detected by PSA alone, the randomized trials demonstrating a potential benefit of screening are based on PSA testing alone.

³ Elements associated with higher risk from family history of prostate cancer include: multiple first-degree family members, family member(s) diagnosed at advanced stages, age <65 years at diagnosis

- Referral to Urology** ▶ When PSA values exceed the age-specific thresholds in Table 1, consider repeating the PSA test within one month⁴. If the repeat PSA value still exceeds the age-specific thresholds, consider referral to Urology.

TABLE 1. Age-Specific PSA Thresholds for Referral to Urology

Age Range (years)	PSA Threshold
40-49	>2.5 ng/ml
50-59	>3.5 ng/ml
60-69	>4.5 ng/ml
70-74 (if tested)	>6.5 ng/ml

TERMINOLOGY		
Recommendation Language	Strength*	Action
Start, initiate, prescribe, treat, etc.	Strong affirmative	Provide the intervention. Most individuals should receive the intervention; only a small proportion will not want the intervention.
Consider starting, etc.	Conditional affirmative	Assist each patient in making a management decision consistent with personal values and preferences. The majority of individuals in this situation will want the intervention, but many will not. Different choices will be appropriate for different patients.
Consider stopping, etc.	Conditional negative	Assist each patient in making a management decision consistent with personal values and preferences. The majority of individuals in this situation will not want the intervention, but many will. Different choices will be appropriate for different patients.
Stop, do not start, etc.	Strong negative	Do not provide the intervention. Most individuals should not receive the intervention; only a small proportion will want the intervention.
*Refers to the extent to which one can be confident that the desirable effects of an intervention outweigh its undesirable effects.		

DISCLAIMER

This guideline is informational only. It is not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by practitioners, considering each patient's needs on an individual basis. Guideline recommendations apply to populations of patients. Clinical judgment is necessary to design treatment plans for individual patients.

⁴ Normal variation of PSA values of ~20% have been demonstrated in some studies