

# Prostate Cancer Screening

**Prostate cancer** occurs in the prostate gland, which rests below the bladder in males. Fortunately, most prostate cancer is slow growing and the majority of men diagnosed with prostate cancer do not die from their prostate cancer, but die from some other cause. However, about 30,000 men die each year in the United States from this disease. There are no proven ways to prevent prostate cancer. Although there are screening tests to check for prostate cancer, they are not perfect and having these tests has not been proven to save lives.

Available screening tests have both “false negative” and “false positive” results, meaning that a positive test may not confirm that you have cancer while a negative test does not guarantee you are cancer free.

## **Screening for prostate cancer by Prostate Specific Antigen (PSA)**

PSA is a protein produced by the prostate gland and can be measured in the blood. The PSA may rise when prostate cancer is present, but it also may rise with an infection or for other reasons. A normal PSA is reassuring, but not a guarantee that you are cancer free. The PSA also does not indicate if the cancer is slow growing or fast growing.

## **Screening for prostate cancer by Digital Rectal Exam (DRE)**

Physicians often recommend a rectal exam, using a gloved finger to feel the prostate for irregularities or lumps. Only 15 percent of prostate cancers are detected by this exam and many men with abnormal rectal exams do not have cancer.

## **Should I get a PSA screening?**

Screening is a personal decision. Discuss the risks and benefits of screening with your physician. PSA testing has not been shown to save lives. If you have a high PSA result, it may lead to procedures that have risks, including loss of bladder control and erectile dysfunction.

## **PSA Screening in Men at Average Risk**

Routine PSA screening for an average risk man is considered optional. The United States Preventive Services Task Force states that there is not enough evidence to recommend routine screening. However, other groups (the American Urologic Society and the American Cancer Society) recommend that men between age 50 and 75, and men over age 75 who are likely to live more than 10 years discuss the benefits and risks of screening with their physician.

## **PSA Screening in Men at Higher Risk**

Men at higher risk of prostate cancer include African-Americans or men with blood relatives who developed prostate cancer before age 70. These men may have a stronger reason for screening and possibly should begin screening before age 50.

**Please talk with your doctor about screening options and questions you may have. For more information, you can go to:**

- Sutter Health: <http://www.cancer.sutterhealth.org/information/prostatecancer.html>
- National Cancer Institute: <http://www.cancer.gov/cancertopics/pdq/screening/prostate>