



ENGLEWOOD HEALTH

Englewood Health Consensus Guidelines* on Prostate Cancer

Screening and Early Detection

*Guidelines adapted from American Urologic Association, Memorial Sloan Kettering Cancer Center, and American Cancer Society

Prostate cancer is the most common malignancy and second leading cause of cancer related deaths in US men. Prostate cancer screening with prostate specific antigen (PSA) test has reduced the number of deaths in recent decades. However, prostate cancers are often slow growing and may not cause a man any significant problems in his lifetime. This has resulted in over diagnosis and over treatment of prostate cancer, and some controversy regarding prostate cancer screening.

PSA can also be elevated due to benign causes, and we now utilize other newer laboratory reflex tests, and/or multi-parametric MRI to help decrease the number of unnecessary biopsies. Other latest technological advancement with proven data is MRI-Ultrasound fusion biopsy to improve diagnostic accuracy. Furthermore patients with prostate cancer are risk stratified and those with low risk disease are enrolled in active surveillance protocols to delay or avoid radical treatment.

At Englewood Health we would like our patients who are interested in prostate cancer screening, to be aware of the guidelines and informed of their risk. The benefit of screening (survival from prostate cancer) should be weighed against the risks of diagnosis and treatment. Informed and shared decision making for prostate cancer screening and treatment are of the utmost importance and is the latest recommendation by US Preventive Services Task Force (USPSTF).

Prostate Cancer Screening:

1. Recommend against PSA testing in **men under 40 and men over 75.**
2. Recommend against PSA testing in men with **less than 10 year life expectancy.**
3. Routine screening **interval of 2-4 years** may be preferred over annual testing, especially if PSA is under 1.
4. Discussion regarding prostate biopsy should be held at PSA level 3 or higher
5. Men at high risk (African American or first degree relative) should have PSA tested at age 45.
6. Men at highest risk (more than one first degree relative) should have PSA at age 40.

Men at average risk based by age:

7. **Age 45-49:** Consider a baseline PSA test
 8. **Age 50-69:** Should have discussion regarding PSA testing
 9. **Age 71 to 75:** Not routinely recommended but decision should be based on past PSA levels and the health of the man.
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