

# What men should know about new prostate cancer screening guidelines

17 April 2017, by From Mayo Clinic News Network, Mayo Clinic News Network



Micrograph showing prostatic acinar adenocarcinoma (the most common form of prostate cancer) Credit: Wikipedia

Men ages 55 to 69 should talk with their health care provider about prostate-specific antigen (PSA)-based screening for prostate cancer. That's according to new recommendations from the U.S. Preventive Services Task Force.

Clinicians inform men ages 55 to 69 years about the potential benefits and harms of [prostate-specific antigen](#) (PSA)-based screening for prostate cancer. Many men will experience potential harms of screening, including false-positive results that require additional workup, overdiagnosis and overtreatment, and treatment complications, such as incontinence and impotence.

The task force recommends against PSA-based screening for prostate cancer in these men age 70 years and older.

"The recommendations don't change for men over 70. If men over 70 are asymptomatic with no family history, they don't need to have PSA tests every

year," says Mayo Clinic urologist Dr. Matthew Tollefson. "Those men have very low risk of dying from prostate cancer. But for men who are from 55 to 69, there can be a benefit seen with screening. This is where the [task force](#) is now giving nuance to the discussion and saying there isn't a blanket statement for everyone."

The PSA blood test is the most common method to screen for prostate cancer. Tollefson says there are benefits of PSA prostate cancer screening, but it's not risk-free.

"Screening men from ages 55 to 69 is the benefit of catching a cancer earlier, when it's easier to treat and potentially cure," he says. "If men are screened, then, potentially, that tumor can be identified when it's at a curable state. Then, they can undergo curative treatment and reduce their risk of dying of prostate cancer.

"The risk of being screened, in a lot of ways, comes with the risk of being treated. If a man is screened, and the test shows he is at risk of prostate cancer, frequently, the next step is to get a [prostate biopsy](#). There is a small, but real risk of infection to arise after a biopsy. Then, with treatment - both with radiation as well as surgery - the risk of incontinence and erectile dysfunction can be a real issue for some men."

Prostate cancer is the third leading cause of cancer death in American men. The American Cancer Society says about one in seven men will be diagnosed with [prostate cancer](#) in his lifetime. Tollefson says it's important for men to have a conversation with their [health care provider](#) to determine the best option that weighs risks and as well as personal preferences.

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APA citation: What men should know about new prostate cancer screening guidelines (2017, April 17) retrieved 23 October 2022 from <https://medicalxpress.com/news/2017-04-men-prostate-cancer-screening-guidelines.html>

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