



Ascension

Screening Guidelines: Prostate Cancer

Executive Summary

The Ascension Oncology Service Line Council recommends that PSA testing for men aged 55-69 who are at average risk include shared decision making and be based on a patient's values and preferences.

For men under age 54 who are at average risk, screening is not recommended.

For men younger than age 55 at higher than average risk, decisions regarding prostate cancer screening should be individualized and an informed discussion regarding potential benefit and risk of harm should take place prior to a decision.

- High-risk factors for prostate cancer include: first-degree relative/s particularly with an age of 55 or younger or multiple generations with prostate cancer, African American race and those with a family history of metastatic or lethal adenocarcinomas including prostate cancer, male and female breast cancer, ovarian and pancreatic cancer.

Reducing Harms of Screening

For men who have participated in shared-decision making and chosen screening, Service Line recommends a screening interval of two years to preserve the majority of benefits and reduce overdiagnosis and false positives.

Intervals for rescreening can be individualized based on the baseline PSA level and/or prior PSA history.

Screening Men Age 70 and Above

- Recommend against routine PSA-based screening in men age 70+ or in any men with less than a 10- to 15-year life expectancy.
 - Although some men over age 70 who are in excellent health may benefit from prostate cancer screening, after age 70 there is **no** evidence for screening benefit or treatment benefit after diagnosis.

Clinicians are encouraged to incorporate individual patient values and insurance coverage considerations in shared decision making regarding screening.

Source and background information is available from your Ministry Market oncology service line leader.

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