

## What's New From the USPSTF

# Screening for Prostate Cancer

<http://www.ahrq.gov/clinic/3rduspstf/prostatescr/prostatwh.htm>

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This series of fact sheets is based on the work of the [U.S. Preventive Services Task Force](#) (USPSTF). The USPSTF systematically reviews the evidence of effectiveness of a wide range of clinical preventive services — including screening, counseling, and chemoprevention (the use of medication to prevent diseases) —to develop recommendations for preventive care in the primary care setting.

This fact sheet presents highlights of USPSTF recommendations on this topic and should not be used to make treatment or policy decisions.

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## Does the USPSTF Recommend Prostate Cancer Screening?

The USPSTF concludes that the evidence is insufficient to recommend for or against routine screening for prostate cancer using prostate specific antigen (PSA) testing or digital rectal examination (DRE). Although the Task Force found evidence that screening can find prostate cancer early and that some cancers benefit from treatment, the Task Force is uncertain whether the potential benefits of prostate cancer screening justify the potential harms.

## How Effective Is Prostate Cancer Screening?

Although PSA and DRE screening can detect prostate cancer in its early stages, the evidence is inconclusive that such early detection reduces prostate cancer deaths or improves overall well-being. Although early detection and treatment might prevent some cancers from spreading, it is also likely to detect other cancers that would have grown slowly and not caused health problems.

## What Are the Potential Harms of Prostate Cancer Screening?

The potential harms of prostate cancer screening include fairly frequent false-positive results from PSA screening, which may lead to unnecessary anxiety and

biopsies. In addition, early detection and treatment may result in complications from treating some cancers that may never have affected a patient's health.

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*Although screening can find prostate cancer early, it isn't yet clear whether the potential benefits of screening justify the potential harms.*

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## **How Effective Is Prostate Cancer Treatment?**

Surgery (radical prostatectomy) and radiation are the most common treatments for prostate cancer. Until recently, there was little evidence to determine the effectiveness of these treatments compared with watchful waiting, deferring treatment until there was evidence that the cancer was growing. A study published in September 2002 suggests that surgery is effective in reducing death and the spread of prostate cancer in men whose cancer was found after they reported symptoms<sup>1</sup>. Whether these findings apply equally to prostate cancer found during routine screening in the absence of symptoms is not yet certain. Studies are underway to determine whether current treatments are effective in reducing deaths from prostate cancer detected through screening.

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<sup>1</sup> Holmberg L, Bill-Axelson A, Helgesen F, et al. A randomized trial comparing radical prostatectomy with watchful waiting in early prostate cancer. *N Engl J Med* 2002;347:781-9.

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## **What Are the Potential Harms of Prostate Cancer Treatment?**

Erectile dysfunction, urinary incontinence, and bowel dysfunction are relatively common side effects of surgery or radiation.

## **What Should Clinicians Do?**

Despite the absence of firm evidence of effectiveness, prostate cancer screening is common in clinical practice. Given the uncertainties surrounding prostate cancer screening, the USPSTF concluded that clinicians should not order screening without first discussing with patients its potential but uncertain benefits and possible harms. Clinicians should inform men of the gaps in the evidence and should help them to consider their personal preferences and risk profile before deciding whether to be tested.

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*Clinicians should not screen for prostate cancer without first discussing with patients the potential benefits and harms.*

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## Who Might Benefit Most from Prostate Cancer Screening?

If early detection through screening does improve health outcomes, those most likely to benefit would be men aged 50 to 70 who are at average risk for prostate cancer and men older than 45 who are at increased risk (African American men and men whose first-degree relatives have had prostate cancer are at increased risk). Benefits may be smaller among Asian Americans, Hispanics, and other racial and ethnic groups at lower risk for prostate cancer.

## What Did the Previous Task Force Recommend?

In 1996, the USPSTF recommended against routine screening for prostate cancer with PSA, DRE, or transrectal ultrasound. For more information on prostate cancer screening, go to:

**healthfinder®**

<http://www.healthfinder.gov>

**National Cancer Institute**

**National Institutes of Health**

<http://www.nci.nih.gov>

## USPSTF Members

Members of the USPSTF represent the fields of family medicine, gerontology, obstetrics-gynecology, pediatrics, nursing, prevention research, and psychology.

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Paul S. Frame, M.D.

Charles J. Homer, M.D. M.P.H.\*

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C. Tracy Orleans, Ph.D.

Jeffrey F. Peipert, M.D., M.P.H.\*

Nola J. Pender, Ph.D., R.N.\*

Albert L. Siu, M.D., M.S.P.H.

Steven M. Teutsch, M.D., M.P.H.

Carolyn Westhoff, M.D., M.Sc.

Steven H. Woolf, M.D., M.P.H.

\*Members of the USPSTF at the time the recommendation on prostate cancer screening was finalized.

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