



Should I have prostate cancer screening?

Who is this information for?

This brief information sheet is designed to help you have an informed discussion with your GP. It is for:

- healthy men with no signs or symptoms (known as asymptomatic) and with no close blood relative with the disease
- aged 50–69 years
- who are considering a prostate specific antigen (PSA) blood test to screen for prostate cancer.

If you have a family history or any symptoms, such as difficulty passing urine, or other concerns about your prostate you should also speak to your GP.

What is prostate cancer?

Prostate cancer is a tumour (or growth of cell) that starts in the prostate gland. The prostate gland sits just below the bladder and is about the size of a golf ball. The prostate produces most of the fluid that makes up semen and nourishes the sperm.

There are different types of prostate cancer – most grow slowly and never cause harm, while others spread to other parts of the body and cause serious harm, and even death.

What increases my risk of prostate cancer?

Prostate cancer is more common as you get older. It is also more common if you have at least one close blood relative with prostate cancer (ie father, brother or son diagnosed under 65 years of age).

Where can I get information if I have a family history of prostate cancer?

Information has been developed for men with a family history of prostate cancer and is available on the NSW Health Department's Centre for Genetic Education website at www.genetics.edu.au/Genetic-conditions-support-groups/prostate-cancer-screening

What is prostate cancer screening?

Cancer screening is testing to detect a disease early, before any signs or symptoms of disease, in order to treat the disease before it does any harm. The benefit of early testing and detection has to outweigh any potential harm.

There is significant debate about prostate cancer screening. This is because many prostate cancers that are detected are low risk (the slow growing type) and would never have caused harm to the man, but testing for and treating these cancers can cause harm.

Because of these issues, population-based screening is not recommended and there is no government organised national population prostate cancer screening program like there are for other cancers such as breast and bowel cancer.

What are my options?

You can choose to have the prostate cancer screening or decide not to have the test at this time. There is no right or wrong answer.

For men aged 50–69 (without a family history of prostate cancer) the benefit/harm debate for prostate screening using the PSA test is unclear and open to individual interpretation. Hence Australian guidelines support informed decision-making about prostate cancer screening based on personal circumstances. Since the decision to have prostate cancer screening is a personal one, it is up to the individual to request testing from their GP.

Figure 1 is designed to assist you in seeing the numbers of people affected by each option and help weigh up the benefits, harms and uncertainties of prostate cancer screening.

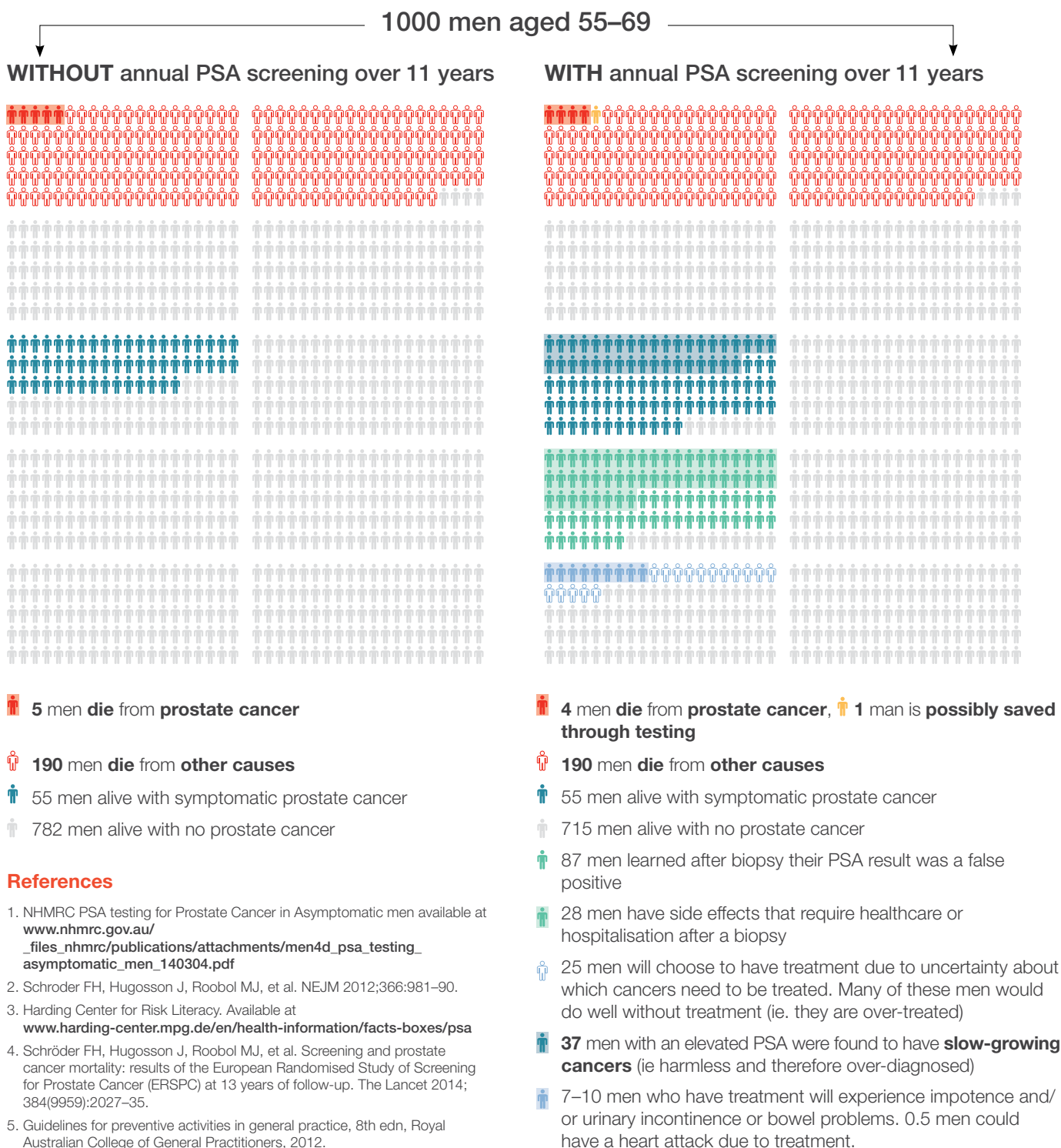
What are the tests for prostate cancer?

- Blood test for PSA. This test is controversial as a screening test because:
 - PSA levels may be elevated from causes other than prostate cancer
 - there is debate about what constitutes a 'normal' and an 'abnormal' PSA level when screening. The test is often repeated if it is only mildly elevated
 - the PSA test does not discriminate between those cancers that will cause harm and those that will not (see 'What is prostate cancer?' section above).
- Digital rectal examination, where the doctor inserts a finger into the anus to examine the prostate, is no longer recommended in addition to PSA testing.

A prostate biopsy may be recommended if there is an elevated PSA or a rapid rise in PSA. A biopsy is a procedure in which samples of prostatic tissue are removed. It is needed to confirm whether prostate cancer is present.

Figure 1. Risks and benefits of PSA screening

Adapted with permission from Harding Center for Risk Literacy.



The Royal Australian College of General Practitioners, 100 Wellington Parade, East Melbourne Victoria 3002.
Tel 03 8699 0414 | Fax 03 8699 0400 | www.racgp.org.au

Acknowledgements

This fact sheet was developed by Professor Lyndal Trevena, University of Sydney; Professor Paul Glasziou, Bond University; Adjunct Associate Professor Leanne Rowe, University of Sydney; and Dr Evan Ackermann, RACGP National Standing Committee – Quality Care.

Published August 2015. © The Royal Australian College of General Practitioners

Disclaimer

The information set out in this publication is current at the date of first publication and is intended for use as a guide of general nature only and may or may not be relevant to particular practices or circumstances. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when doing so. The Royal Australian College of General Practitioners and its employees and agents shall have no liability (including without limitation liability by reason of negligence) to any users of the information contained in this publication for any loss or damage (consequential or otherwise), cost or expense incurred or arising by reason of any person using or relying on the information contained in this publication and whether caused by reason or any error, negligent act, omission or misrepresentation in the information.

We recognise the traditional custodians of the land and sea on which we work and live.