PROSTATE CANCER SCREENING
SHARED DECISION MAKING AND GUIDELINES

SHARED DECISION MAKING
BASELINE PSA SCREENING

Our position on baseline PSA screenings is that they need to be done based on a benefit-risk discussion between the patient and their physician. Factors such as family history may require screening as early as 40-45 years of age.

The National Comprehensive Cancer Network[1], the American Cancer Society[2] and the American Urological Association[3] have each developed their respective recommendations and guidelines for PSA screening. Each organization recommends a benefit-risk discussion between the physician and patient including risks, potential benefits, and uncertainties about screening to enable the patient to make an informed decision.

We support the recommendations from all three respected organizations and believe that shared decision making provides the best direction for each individual patient.

SCREENING LED TO A 21% REDUCTION IN PROSTATE CANCER DEATH

In the 2014 publication of the European Randomized Study of Screening for Prostate Cancer (ERSPC)[4], the 13-year follow-up data was reported:

- **162,243 men, aged 55-69, were randomized to PSA screening or a control group**
- **Median age at randomization was 60.2 years and overall compliance with biopsies was 85.6%**
- **This 13 year follow-up reports a 21% relative risk reduction in prostate cancer mortality (p=0.001) with PSA screening**

The main weakness of screening is the potential for over-diagnosis and over-treatment. Therefore, the authors' conclusions agree with current guidelines that men must be well informed of the benefits and risks of screening.

SCREENING TRENDS
FOR PSA TESTS FOR PROSTATE CANCER[5]

An article published in August 2015 in the Journal of Clinical Oncology analyzed screening trends following the debate over prostate-specific antigen (PSA) screening for the detection of prostate cancer.

Prostate cancer screening significantly declined among men 50 years and older after the 2012 U.S. Preventive Services Task Force (USPSTF) guideline discouraging PSA-based screening.

SCREENING RATES SIGNIFICANTLY DECLINED

AGE	% DECLINE	p VALUE
50-59	From 33.2% to 24.8%	<0.01
60-74	From 51.2% to 43.6%	<0.01
75+	From 43.9% to 37.1%	.03
A large percentage of men were screened for prostate cancer despite a high risk (>52%) of 9-year mortality.		

The National Health Interview Survey was used to estimate the proportion of men age 40 years and older who saw a physician and were screened for prostate cancer in 2013.

Although overall screening rates have decreased, a significant proportion of men continue to be screened despite a high risk of 9-year mortality, including one-third of men age 75 years and older.

Sources:
1. National Comprehensive Cancer Network® (NCCN®) Prostate Cancer Early Detection v1.2014 2. American Cancer Society. Recommendations for Prostate Cancer Early Detection. Revised 2/25/2014. Retrieved from http://www.cancer.org/acs/groups/cid/documentswebcontent/003182-pdf.pdf 3. American Urological Association. AUA Guideline: Early Detection of Prostate Cancer. April 2013. Retrieved from http://www.auanet.org/common/pdf/education/clinical-guidance/Prostate-Cancer-Detection.pdf 4. Schröder FH, Hugosson J, Roobol MJ, et al. Screening and prostate cancer mortality: results of the European Randomised Study of Screening for Prostate Cancer (ERSPC) at 13 years of follow-up. Lancet. 2014.
S.E. National Prostate Cancer Screening Rates After the 2012 US Preventive Services Task Force Recommendation Discouraging Prostate-Specific Antigen-Based Screening. J Clin Oncol. 2015; 33:2416-2423. 5. Drazer, M.W., Huo, D., Eggener

The Center for Radiation Therapy
of Beverly Hills

Henry Yampolsky, MD | May-Lin Tao, MD | Leslie Botnick, MD

310.651.9292