

Screening for Prostate Cancer: A Guidance Statement From the Clinical Guidelines Committee of the American College of Physicians

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Who developed these recommendations?

The Clinical Guidelines Committee of the American College of Physicians (ACP) developed these guidelines. ACP is a professional organization for internal medicine doctors, who are specialists in adult care.

What is the problem and what is known about it so far?

Prostate cancer is the most commonly diagnosed nonskin cancer among men in the United States. The most common prostate cancer symptoms are difficult or frequent urination, but many men have no symptoms.

A blood test that measures prostate-specific antigen (PSA) levels can find prostate cancer before symptoms develop. If the PSA level is high, a prostate biopsy may be needed to see whether cancer is actually present. A biopsy is a procedure that is done to obtain a piece of the prostate for examination.

Most prostate cancer grows slowly, and many men with prostate cancer die of something other than prostate cancer. Currently, there is no way to know which cases of prostate cancer are life-threatening and require treatment and which cases are not. When screening identifies cancer that is not life-threatening, men experience unnecessary worry and complications from treatment. Common complications include urinary incontinence and erectile dysfunction.

Organizations have guidelines for prostate cancer screening that provide different and conflicting advice. ACP evaluated available guidelines to help doctors and patients make better decisions.

How did the ACP develop these recommendations?

The National Guideline Clearinghouse (NGC) is a database developed by the U.S. government to make clinical guidelines widely available. The authors searched the database for U.S. guidelines about prostate cancer screening with PSA. They evaluated each guideline using a published instrument that considers 23 standard criteria for the quality of guidelines and rated each guideline from 1 (worst) to 7 (best).

What did the authors find?

The authors found 4 guidelines: American College of Preventive Medicine, 2008 (rating of 3); American Cancer Society, 2010 (rating of 5); American Urological Association, 2009 (rating of 3); and the U.S. Preventive Services Task Force, 2012 (rating of 6).

They conclude that PSA is not just a blood test. It can open the door to more testing and treatment that a man may not want or that may harm him. Because chances of being harmed are greater than chances of benefiting, each man should have the opportunity to decide for himself whether to be screened.

What does the ACP recommend that patients and doctors do?

Doctors should inform men aged 50 to 69 years about the limited potential benefits and substantial potential harms of prostate cancer screening. Patients and doctors should base screening decisions on the patient's preferences, prostate cancer risk, health, and life expectancy.

Doctors should not screen for prostate cancer using PSA unless patients express a clear preference for screening after discussion.

Doctors should not screen using PSA in average-risk men younger than 50 years or older than 69 years, or any man with a life expectancy less than 10 to 15 years.

What are the cautions related to these recommendations?

These recommendations apply to men at average risk for prostate cancer who do not have symptoms that could be caused by prostate cancer. The authors did not consider non-U.S. guidelines.