Should I have a PSA test?

Australia has one of the highest rates of prostate cancer in the developed world. The PSA test is the first investigation that can be done to look for prostate cancer. It is not a perfect test and there are problems associated with the test, which is why patients should be as well informed as possible about PSA testing.

Information for Patients Considering Prostate Cancer Screening

- Prostate cancer is common. Most men will develop prostate cancer if they live long enough. Despite this, only about 3% of all men will die of prostate cancer.

- This indicates that most prostate cancers do not cause trouble in a man’s lifetime (‘low-risk’ or ‘indolent’ cancers). However, there are some more aggressive cancers that can cause trouble, and these may benefit from detection and treatment.

- Screening studies do show that the number of prostate cancer deaths can be reduced by screening with PSA. However, quite a large number of men need to be diagnosed by screening and treated to prevent one prostate cancer death.

- One study (Goteborg study) showed that 12 men need to be diagnosed to prevent 1 prostate cancer death. i.e. 11 men are unnecessarily diagnosed. The ERSPC study demonstrated that that 781 men need to be screened and 27 men treated to prevent one prostate cancer death. Thus 26 men are unnecessarily treated.

- Screening will detect many of these indolent cancers, and if they are detected, they may go on to be treated, perhaps unnecessarily.

- Treatment is associated with long term complications in men, such as incontinence, erectile dysfunction (impotence). Therefore, some men (indolent cancers that are treated) may have unnecessary treatment and suffer side effects.
The aim of screening

• The aim of screening should be to identify aggressive or high-risk prostate cancers early, before they have spread beyond the prostate.

• Some men are at higher risk of aggressive prostate cancer than others. These are men with a family history of prostate cancer, or with a strong female family history of breast or ovarian cancer, men of African-American decent, and men who have been exposed to some environmental agents (fire-fighters possibly, and veterans exposed to Agent Orange).

• Most prostate cancers found by screening are low risk and do not need to be treated, and can just be closely followed by active surveillance.

• If you choose to be screened, there is a reasonable chance you will be diagnosed with low-risk prostate cancer, and may be in a position where you have to consider treatment that may be unnecessary.

Your decision to be screened – what sort of person are you?

• If you have risk factors for prostate cancer (see above), your risk of prostate cancer may be higher than the general population, and this may impact your decision to be screened.

• If you are the sort of person who would be uncomfortable not being treated if low risk prostate cancer was discovered, screening may not be the right decision for you.

• If you are the sort of person who would accept treatment for aggressive prostate cancer, but would be happy to observe (active surveillance) things if you just had low risk prostate cancer, then you may be a good candidate for screening.

This information is intended as an educational guide only, and is here to help you as an additional source of information, along with a consultation from your doctor. The information does not apply to all patients. Not all potential issues are listed, and you must talk to your doctor about your individual situation.

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