# CTFPHC Guidelines – Screening for prostate cancer, 2014

**THE CANADIAN TASK FORCE ON PREVENTIVE HEALTH CARE RECOMMENDS AGAINST SCREENING FOR PROSTATE CANCER WITH THE PSA TEST**

* The CTFPHC found that the potential small benefit from Prostate Specific Antigen Test (PSA) screening is outweighed by the potential significant harms of the screening and associated follow-up treatment.
* Men should understand that PSA screening may result in additional testing if the PSA level is raised.

To save one life we would need to diagnose an additional 27 men with prostate cancer

## Summary of recommendations

This clinical practice guideline applies to all men not previously diagnosed with prostate cancer.

## Burden of illness

Prostate cancer is the most commonly diagnosed non-skin cancer in men and the third leading cause of cancer-related death among men in Canada. The estimated lifetime risk of death from prostate cancer is 3.6% under current methods of treatment.

## Recommendations

* For men aged less than 55 years, we recommend not screening for prostate cancer with the prostate-specific antigen test.

(*Strong recommendation; low quality evidence*)

* For men aged 55–69 years, we recommend not screening for prostate cancer with the prostate-specific antigen test.

(*Weak recommendation; moderate quality evidence*)

* For men 70 years of age and older, we recommend not screening for prostate cancer with the prostate-specific antigen test.

(*Strong recommendation; low quality evidence*)

## If 1,000 men aged 55-59 were screened for 13 years

178 men (or about 20%) would have a false positive PSA test, meaning an unnecessary prostate biopsy. Four of these 178 men would experience biopsy complications severe enough to require hospitalization.

102 men would be diagnosed with prostate cancer, but 33 of these diagnoses would not have resulted in symptoms or death in the patient’s lifetime (over-diagnosed cases). However, these men would likely choose treatment due to uncertainty about progression of disease. There are both harms and benefits of treatment: 11–21% of treated men suffer short-term complications; 13–44% experience long-term erectile dysfunction; up to 18% experience urinary incontinence; and 0.4–0.5% die due to complications from prostate surgery. However, treatment of early stage prostate cancers with prostatectomy or radiation therapy (with or without hormone therapy) does reduce both prostate cancer-specific and all-cause mortality.

Ultimately, if 1,000 men were screened, 1 man would avoid death due to prostate cancer.

## Systematic Review

Title: Screening for prostate cancer with prostate specific antigen and treatment of early-stage or screen-detected prostate cancer: a systematic review of the clinical benefits and harms

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