The PSA Decision

Is testing for prostate cancer right for you?

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The prostate is located under the urinary bladder.

Doctors disagree about whether having a test to look for prostate cancer is a good idea. Much of the disagreement is due to how much weight or value each doctor places on the information we know about prostate cancer and the testing process.

These cards will give you information about the following topics:

- Prostate cancer
- The PSA test
- Prostate biopsy
- Treatment for prostate cancer
- Weighing the risks and benefits of testing for prostate cancer.

We hope that they provide you with enough information to decide whether or not testing for prostate cancer is a good idea for you.
The PSA Decision

Prostate Cancer

- The likelihood of having prostate cancer increases with a family history of prostate cancer, African-American race, and age.

- Only 5 out of every 100 men who are age 50 have prostate cancer, whereas 25 out of every 100 men who are age 70 have prostate cancer.

- Many prostate cancers grow slowly and never result in symptoms. That may be why men with prostate cancer do not die from prostate cancer; they outlive the prostate cancer and die from other causes. This is particularly true in men older than age 70.

- Some prostate cancers do, however, grow rapidly and result in symptoms and distant spread. 3 of every 100 men die from prostate cancer.

Chance of Prostate Cancer with…

- Family history of prostate cancer
- African-American race
- Increasing Age

Number of deaths from prostate cancer for every 100 men in the US population:

- 3 out of 100 men die from prostate cancer.
The PSA test

- The PSA test is a blood test used to look for prostate cancer in men. It may be done in addition to a digital rectal exam, a physical examination of the prostate done by inserting a gloved finger into the rectum to feel for abnormalities of the prostate. The PSA test may detect prostate cancer earlier than digital rectal exam alone.

- The PSA test detects high levels of Prostate Specific Antigen (or PSA) in the blood. PSA is a substance produced only by the prostate. It is normally released in small amounts into a man’s blood.

  - Very high levels of PSA (>10) in the blood suggest prostate cancer.

  - Moderately high levels of PSA (between 4 and 10), however, lead to uncertainty. They may result when

    1. your prostate has gotten bigger as a result of aging,
    2. you have a prostate infection,
    3. you have prostate cancer.

  If the PSA level is moderately high, there is a 30% chance that prostate cancer is present. Additional testing is required to investigate whether the moderately high PSA is really due to cancer.

  - If the PSA test is low (<4), prostate cancer may still be present. Testing may be repeated in one year.

PSA Levels and the Risk of Prostate Cancer

<table>
<thead>
<tr>
<th>PSA level (ng/dl)</th>
<th>Risk of Cancer</th>
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<tbody>
<tr>
<td>0</td>
<td>LOW</td>
</tr>
<tr>
<td>4</td>
<td>MODERATE</td>
</tr>
<tr>
<td>10</td>
<td>HIGH</td>
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</table>
The PSA Decision

The prostate biopsy

- If your PSA blood level is moderate or high, your doctor may suggest a prostate biopsy. In a biopsy, the doctor removes pieces of the prostate and examines them for cancer. This is done through the rectum. A needle is guided through the wall of the rectum into the prostate and pieces of the prostate are removed for testing.

- The biopsy may be uncomfortable and can cause minor bleeding or infection. These side effects occur in less than 5 of every 100 men who receive a biopsy.

- Unless there is a lump on the digital rectal exam, or on an ultrasound picture of the prostate, the doctor *randomly* samples several pieces of the prostate. Therefore, prostate cancer could go undetected if it is present.

- If the biopsy shows cancer, you will need to discuss options for treatment with your doctor. If the biopsy is negative, most doctors follow the PSA level in the blood, looking for further increases suggesting cancer. Some doctors do more biopsies.
Treatment for Prostate Cancer

If a biopsy shows cancer, you must make another choice. You must decide how to approach the prostate cancer.

There are three ways to approach prostate cancer:

- If you choose watchful waiting, you are choosing no treatment now; instead you and your doctor will carefully monitor you for signs of cancer progression.
- If you choose surgery or radiation, you are trying to destroy the cancer. This can be effective, but it puts you at risk for damaging surrounding tissue in your body. In some men, these treatments cause impotence (being unable to maintain an erection); this occurs in 60 of every 100 men treated with surgery and 40 of every 100 men treated with radiation. In some men, they cause incontinence (being unable to control urination); this occurs in 30 of every 100 men treated with surgery and 5 of every 100 men treated with radiation. Rarely, these treatments result in death.

Risks in Prostate Cancer Treatment

![Chart showing risks of treatment complications]

Because we are still learning about treating prostate cancer, there is no agreement among doctors on which plan works best. There are still no good comparison studies to show whether surgery and/or radiation decrease the number of deaths from prostate cancer. The approach to prostate cancer that you choose should depend on your preferences, your age, and your other medical problems.
The PSA Decision

Making the Right Decision for you

To help you think about your decision, let’s consider the choices made by two men:

Mr. Jones does not want to expose himself to the risks and worries of testing or treatment for prostate cancer since most cancers grow slowly and never cause symptoms. He feels that the PSA test doesn’t give a straightforward answer and that there is a good chance he would have to have additional testing with additional hassle and expense. He feels that if he did have cancer, he would not want to pursue treatment right away. Instead, he would wait to see if he developed further symptoms because he knows that the treatment has not been proven to prevent death and it may cause unwanted side effects. Mr. Jones chooses not to have the PSA test. This is a good choice for him because it reflects his personal needs and values.

Mr. Smith understands the risks of biopsy and treatment, but feels that missing cancer is a bigger risk. He feels that even though he may have to have more than one test to determine whether he has prostate cancer or not, it may catch his cancer early if he does have cancer. If cancer were present, he would want to aggressively treat it as early as possible to try to avoid future symptoms, pain, and death. He knows that the treatment has not been proven to reduce death from prostate cancer, but is willing to try anything to avoid missing cancer. Mr. Smith chooses to have a PSA test. This is a good choice for him because it reflects his personal needs and values.

Like these men, you need to decide:

1. Should you have a PSA test?
2. If the PSA is abnormal, will you have a biopsy?
3. If the biopsy shows cancer, which treatment, if any, will you choose?
4. What difference would it make for you to know you had cancer?
**Making the Right Decision for you**

To help you think about your decision, consider the advantages and disadvantages of having a test to look for prostate cancer.

<table>
<thead>
<tr>
<th>ADVANTAGES OF TESTING</th>
<th>DISADVANTAGES OF TESTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Gives reassurance if test is normal</td>
<td>• May miss cancer even if it is present</td>
</tr>
<tr>
<td>• Finds cancer earlier than physical examination</td>
<td>• May lead to anxiety and additional testing when no cancer is present</td>
</tr>
<tr>
<td></td>
<td>• May find cancer that would never have resulted in symptoms, pain, or death</td>
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<tr>
<td></td>
<td>• Treatment at earlier stages may NOT help men live longer and is associated with risks</td>
</tr>
<tr>
<td>• Treatment at earlier stages may help men live longer and avoid symptoms, pain, and death</td>
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