

Should men be tested for prostate cancer?

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The American Cancer Society revised its guidelines for [prostate cancer](#) screening on Wednesday. The advocacy group is one of many organizations that make such recommendations. Some questions and answers:

Q: What's the advice?

A: The bottom line is the same: Routine screening isn't recommended for most men. Before any testing is done, doctors should discuss the pros and cons of screening and treatment. For the first time, the guidelines give "talking points" for that discussion.

Q. When should men have this talk?

A. Starting at age 50 for men at average risk; at 45 for those at higher risk, including African-Americans and men with a close relative with prostate cancer before 65; and at 40 for those with more relatives with prostate cancer before 65.

Q: What's wrong with screening for prostate cancer?

A: It's usually done with a blood test and a physical exam. Neither is perfect and there's little proof that early detection saves lives. The tests can lead to overdiagnosis and overtreatment of slow-growing tumors that

might not have caused any problems.

The blood test measures a substance called prostate specific antigen, or PSA. It's made by normal and [cancer cells](#) in the prostate, a walnut-sized gland just below the bladder. But PSA levels can be high for many reasons, including a benign enlarged prostate or infections, and a [biopsy](#) is needed to confirm a tumor.

Even if cancer is found, there's no agreement on the best treatment approach - "watchful waiting," surgery, [hormone therapy](#) or radiation. The treatments can lead to impotence and incontinence.

Q: What if my doctor doesn't have time to answer all my questions?

A: The cancer society is suggesting that doctors use "patient decision aids" - brochures, videos and Web sites - that explain the pros and cons of screening and help men make the right choice for them. For example, one cancer society brochure says to consider: If I choose to be treated, can I live with the side effects if they occur?

Q: OK, I've considered all the trade-offs. What if I want to be tested?

A: Screening should include a PSA blood test, the cancer society says. In a change to its guidelines, the group says a digital rectal exam is now optional rather than a standard part of any screening.

Q: My church is sponsoring a mobile testing program, should I go?

A: The new guidelines raise concerns about community screening programs. The cancer society says those programs should provide information about the risks and benefits of screening, and adequate follow-up care for men with abnormal results. Otherwise, men shouldn't participate, the group says. Men with Medicare should go to a doctor

instead.

Q: It's all too confusing. What if I can't decide whether to get screened?

A: You can let your doctor decide, but the guidance for that has changed. Previously, the cancer society recommended that a doctor should screen an undecided patient. Now, the group leaves it up to the doctor, factoring in the patient's health and values.

More information: Prostate cancer information:

www.cancer.org/prostatemd

www.healthdialog.com

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