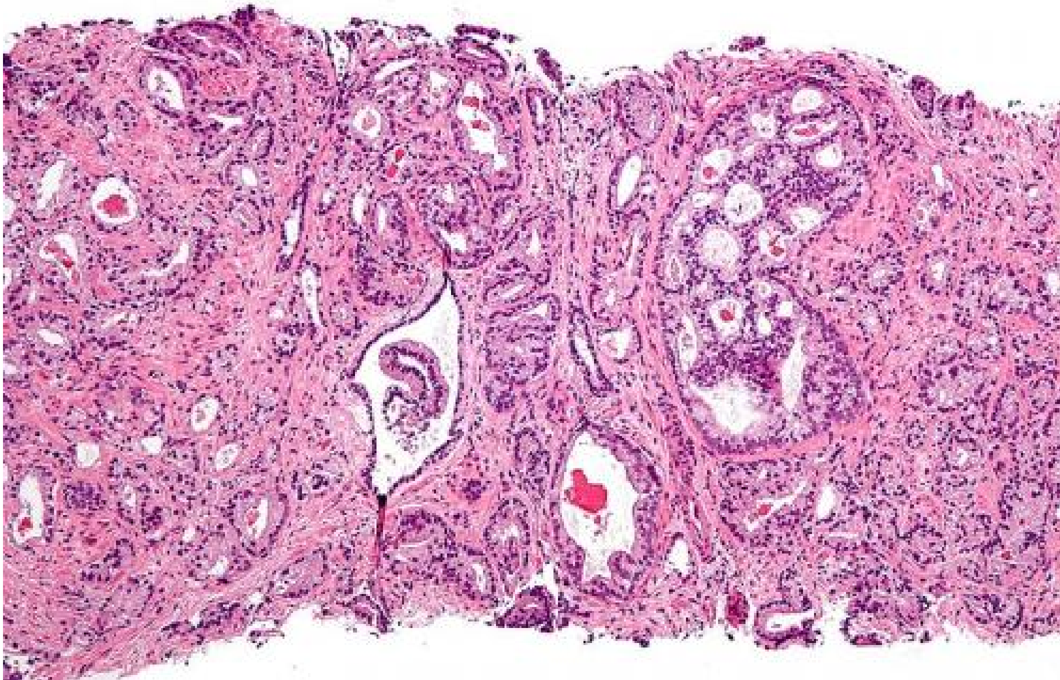
The dilemma of screening for prostate cancer

October 14 2015



Micrograph showing prostatic acinar adenocarcinoma (the most common form of prostate cancer) Credit: Wikipedia, CC BY-SA 3.0

Primary care providers are put in a difficult position when screening their male patients for prostate cancer—some guidelines suggest that testing the general population lacks evidence whereas others state that it is appropriate in certain patients. Now a new perspective piece offers some guidance on when to screen patients and how to involve them in decisions about screening and treatment.

The authors believe that primary care providers should screen men 45 years of age and older who have a 10 year life expectancy for prostate cancer with a digital rectal exam (DRE) and a prostate-specific antigen (PSA) test. Providers should educate the patient that both are tools to evaluate the prostate and screen for cancer. If the patient wants more information, then the provider should engage in the discussion, but if the provider is uncomfortable, or does not have sufficient time, the patient should be referred to someone who can help. If the DRE is normal and the PSA is less than 1.5 ng/ml, the provider should consider a 5-year screening interval. If the DRE is abnormal or the PSA is 1.5 ng/ml or greater, the patient should be referred to a specialist. A biopsy should not be performed unless the risk of an aggressive tumor is significant, and this should be discussed thoroughly with the patient.

"The primary care provider is on the front line with regards to early detection of prostate cancer. In fact, they are responsible for 90% of the labs drawn in screening," said Dr. Matt Rosenberg, lead author of the *International Journal of Clinical Practice* article. "Getting rid of the evaluation for prostate cancer altogether is a bad idea, but intelligently using the tools we have is certainly within the best interest of our patients."

Provided by Wiley

Citation: The dilemma of screening for prostate cancer (2015, October 14) retrieved 6 May 2024 from https://medicalxpress.com/news/2015-10-dilemma-screening-prostate-cancer.html

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