

PSA SCREENING GUIDELINES

Washington State Clinical Laboratory Advisory Council (CLAC)

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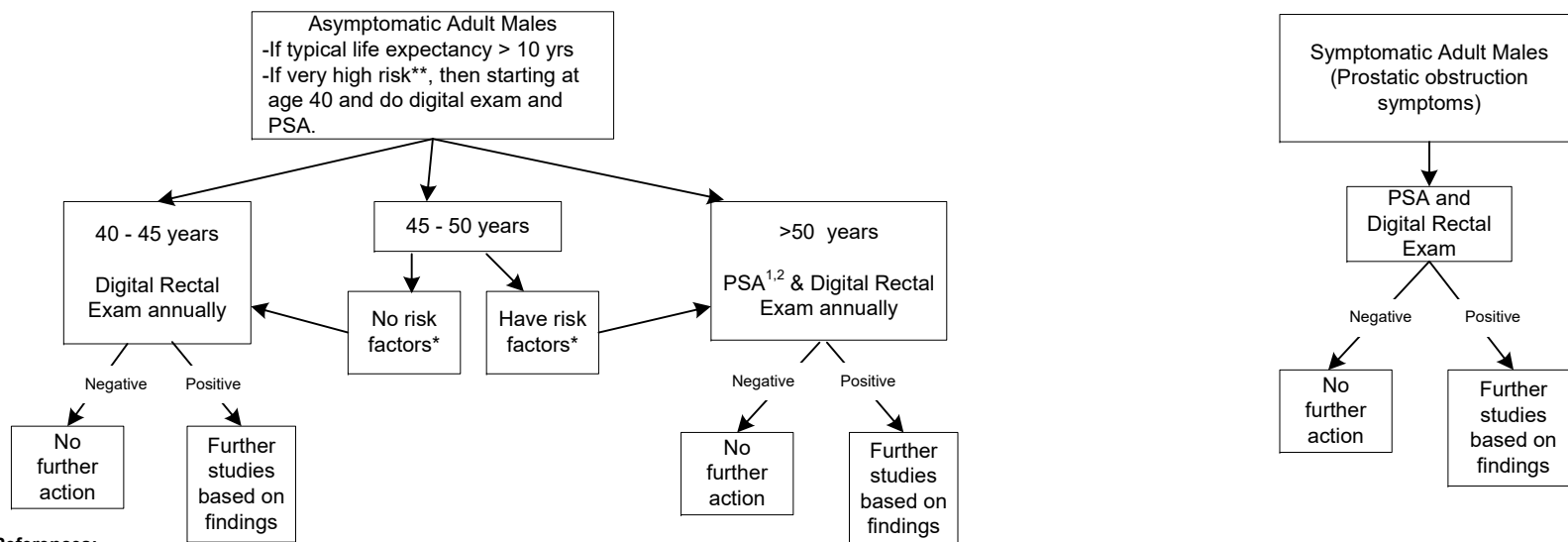
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FOR EDUCATIONAL PURPOSES ONLY

The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.

There is a lack of consensus among researchers, physicians practicing in the community, and professional organizations on the appropriate screening guidelines for PSA testing. CLAC is presenting a summary of the most commonly recognized and accepted options as its recommendation. PSA testing should be discussed with the patient before being performed.

Who Should Be Screened?



References:

- 1) American Cancer Society Recommendations, revised April 14, 2016. <https://www.cancer.org/cancer/prostate-cancer/early-detection/acs-recommendations.html>
- 2) Nat Rev Urol. 2017 Jan; 14(1):26-37.
- 3) Prostate Int. 2016 Dec; 4(4):125-129.
- 4) BMC Urol. 2016 May 10; 16(1): 19.
- 5) PloS One. 2016 Apr 12; 11(4).
- 6) American Urological Association.: Best Practice Policy. Oncology 2000;14:267-286.
- 7) American Cancer Society Recommendations for Screening. Cancer Facts & Figures 2002.

*Risk factors

- 1) Father, brother, or son diagnosed with prostate cancer ≤ 65 years
- 2) African-American ethnicity

** Higher Risk: > 1 father, brother, or son (first degree relative) diagnosed with prostate cancer ≤ 65 years.

NOTES:

1. PSA testing is not 100% sensitive as some studies have indicated that PSA levels between 2.5 - 4.0 ng/ml may be abnormal for men less than 60 years old.
2. National Cancer Care Network Guidelines (2006) recommend that biopsy be considered if: a). PSA is between 2.6 - 4.0 ng/ml; or b). PSA velocity ≥0.5 ng/ml/year (based on 3 consecutive measurements over, at least, 18-24 months).
3. Research continues to look for ways of detecting clinically significant prostate cancer.