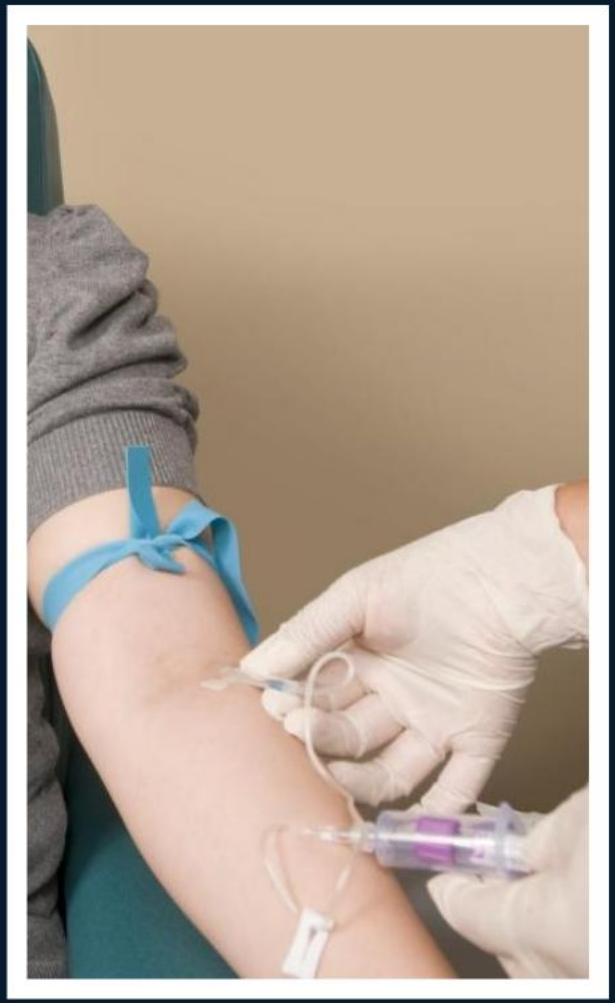
FACTBASEDUROLOGY

Should I have a PSA screening test?

A clearer way to weigh early detection and its tradeoffs



FBU-P08 · PROSTATE HEALTH SERIES

ILLUSTRATIVE CLINIC VISIT

A patient asks: “Should I get a PSA?”

58

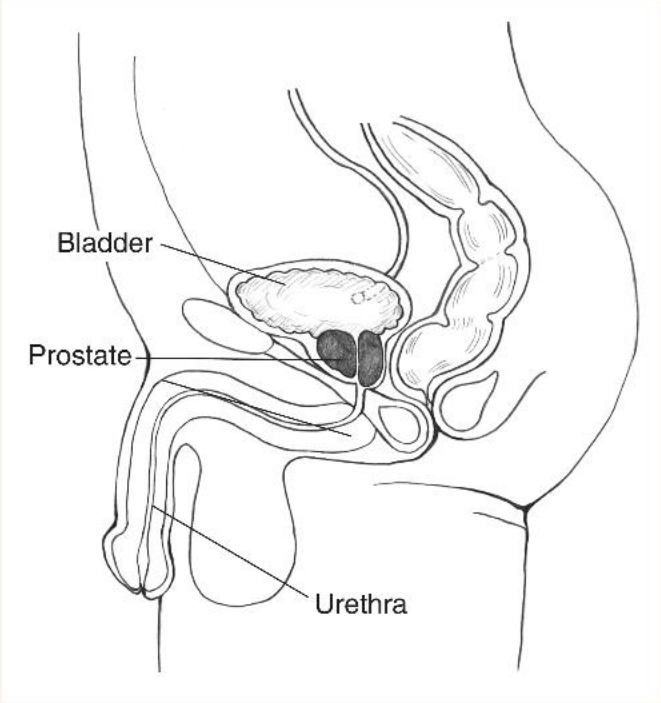
years old

SYMPTOMS	**None reported**
FAMILY HISTORY	**Father had prostate cancer**
DECISION	**Would screening help him?**

Fictional case. The missing details are age at diagnosis, health, values, and what follow-up he would accept.

THE PURPOSE

Screening looks for cancer before symptoms



Anatomy: NIDDK / NIH

THE TEST

PSA is measured in blood.

An abnormal PSA can lead to diagnostic tests. The blood result alone does not diagnose cancer.

THE DIAGNOSTIC PATHWAY

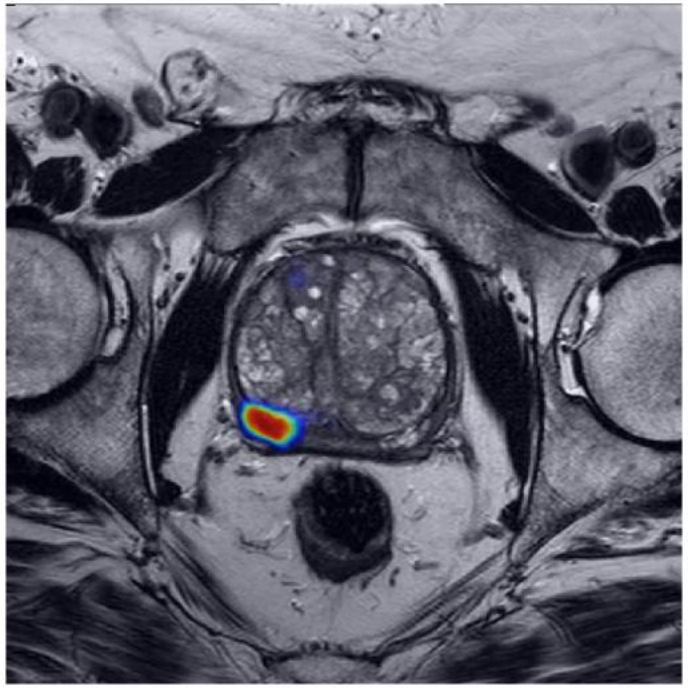
Where MRI fits after a PSA result

01 **PSA blood test**

02 **Review risk and repeat a new elevation when appropriate**

03 **MRI or other tests may guide a biopsy decision**

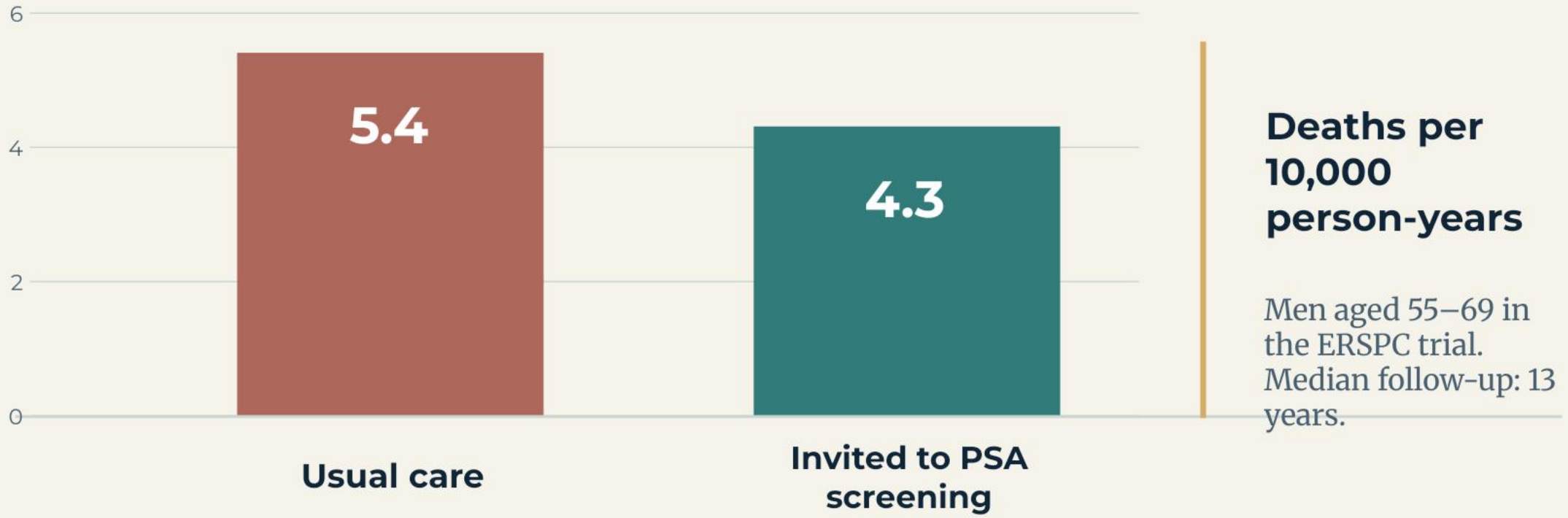
04 **Biopsy establishes a tissue diagnosis**



Real prostate MRI. Color overlay marks a suspicious area in an NCI research image.

PROSTATE CANCER DEATHS OVER 13 YEARS

What did the European trial find?



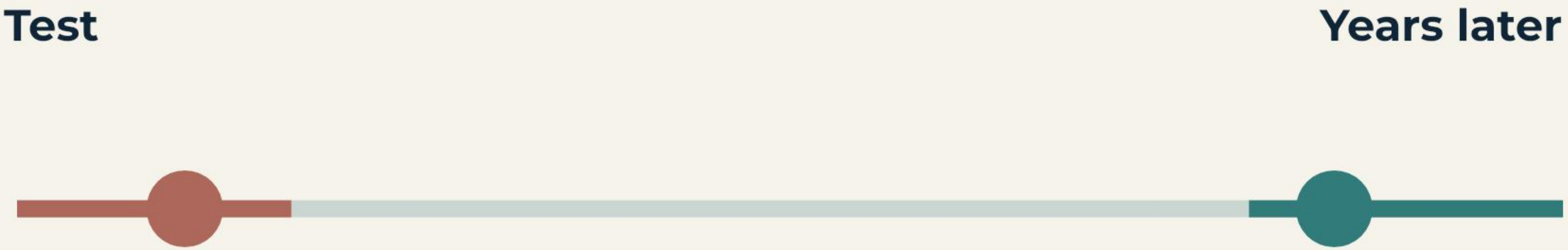
Deaths per 10,000 person-years

Men aged 55–69 in the ERSPC trial. Median follow-up: 13 years.

Population trial rates, not a prediction for any one person.

TIMING MATTERS

Benefits and harms arrive on different timelines



Conceptual timeline. It does not show individual probabilities or a fixed benefit date.

THE DOWNSTREAM PROCEDURE

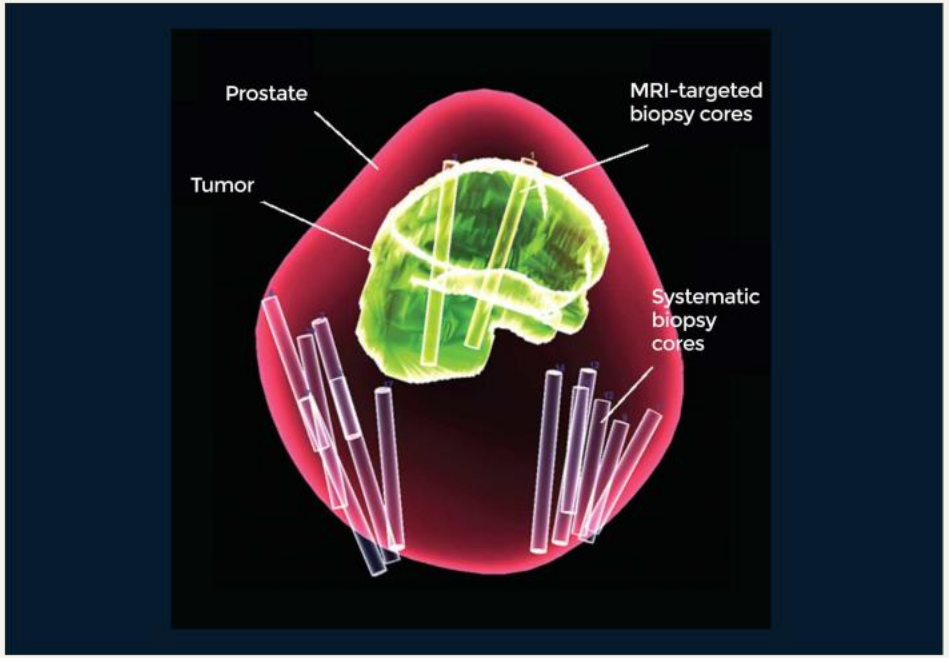
An abnormal result can lead to biopsy

MRI-targeted cores

Sample an area seen on imaging.

Systematic cores

Sample other areas of the gland.



NCI biopsy map; an example of sampling methods, not a recommendation for each viewer.

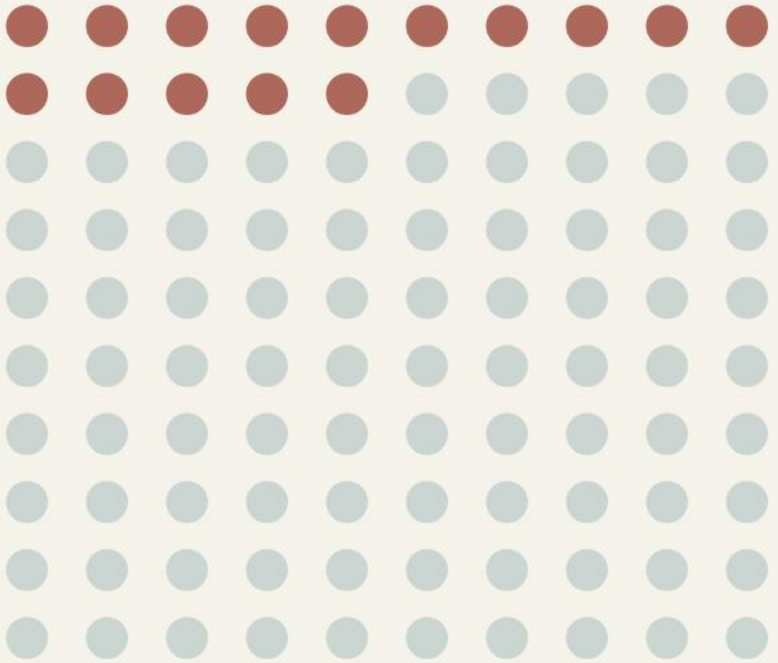
A TRIAL OBSERVATION

Repeated screening can generate false alarms

More than 15%

had at least one false-positive result

over 10 years in a trial with screening every 2–4 years



Illustrative 100-person grid. The observed rate exceeded the 15 colored dots.

SECOND KIND OF HARM

Overdiagnosis is different from a false positive

20–50%

of cancers found through screening may be overdiagnosed

A real cancer is found, but it would never have caused symptoms during that person's life.

Range from large-trial follow-up



The wide interval matters. This is a historical population estimate, not the probability for an individual cancer.

WHAT THE PATHWAY CAN LEAD TO

Treatment harms matter to the screening choice

URINARY

Leakage after some treatments

SEXUAL

Erectile dysfunction

BOWEL

Urgency or other bowel problems

These outcomes depend on treatment and the person. Many diagnosed patients do not need immediate treatment.

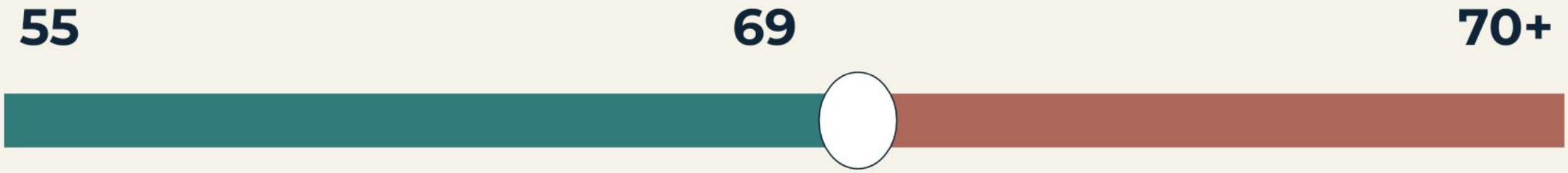
PERSONAL CONTEXT

Your risk changes the conversation

AGE	Risk generally rises with age.
FAMILY	Which relatives had prostate cancer, and at what age?
ANCESTRY	Black men face a higher burden in U.S. data.
GENETICS	Mention a known inherited cancer-risk variant.
HEALTH	Would finding cancer change care and outcomes for you?

U.S. USPSTF RECOMMENDATION

Guidelines frame the decision differently by age



Individual decision

after discussing benefits and harms

Do not screen

USPSTF recommendation for 70 and older

Published U.S. recommendation: 2018. An update is in progress; other guidelines differ.

YOUR TURN

Pause: what would you bring to the visit?

A Your relative's prostate cancer history

B The single PSA number a friend had

Choose before the answer appears.

ANSWER

A: family history helps assess your risk

Bring the details.

Which relative? What diagnosis? At what age?

Also mention a known inherited variant and your broader health. The clinician can place those facts alongside your preferences.

BRING THIS TO YOUR CLINICIAN

Five questions for a screening conversation

01	What is my personal prostate cancer risk?
02	How might a PSA test help me?
03	What could happen if my result is high?
04	Would I consider biopsy or treatment if needed?
05	When should we revisit this decision?

FACTBASEDUROLOGY

A good screening choice fits the person.

Know the potential benefit. Understand the possible harms. Bring your risk and preferences into the conversation.

REFERENCES

Sources and visual credits

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https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prostate-cancer-screening

S07 NCI Prostate Cancer Screening, patient version
https://www.cancer.gov/types/prostate/patient/prostate-screening-pdq

S08 CDC Should I Get Screened? (reviewed Sep 2026)
https://www.cdc.gov/prostate-cancer/screening/get-screened.html

S09 NCI PSA test fact sheet
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V01 / V02 NIDDK/NIH prostate and urinary tract illustrations
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V03 CDC PHIL 13480 blood draw, Amanda Mills
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V04 NCI prostate MRI, courtesy Stephanie Harmon, Ph.D.
https://www.cancer.gov/news-events/cancer-currents-blog/2022/artificial-intelligence-cancer-imaging

V05 NCI combined biopsy map
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