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Consumer Reports Health

American Urological Association

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PSA tests for prostate cancer

Before having the test, discuss the pros and cons with your doctor

Prostate cancer is the second-leading cause of cancer deaths for men in the U.S. All men are at risk for it, especially after age 50.

But that doesn't mean you should get routine screening for prostate cancer. The PSA test is the only available screening test, and it can have serious risks.

What is a PSA test?

The prostate is the small gland that makes semen. The PSA test measures Prostate-Specific Antigen in the semen. If the PSA level is high, it might be a sign of cancer. Or it may be a sign of something else, such as an infection.

Talk to your doctor first.

In the past, doctors ordered PSA tests for all men over age 50. But in recent years, experts have questioned this practice. The American Urological Association recommends that you consider a PSA test only after talking with your doctor about your risk factors. Use this fact sheet to learn the questions you should ask your doctor.

Is my high PSA level due to cancer?

A high PSA might be due to a condition called benign prostatic hyperplasia (BPH). This causes an enlarged prostate, but it is not cancer. Or it may be caused by an infection, or because you recently had sex or went on a long bicycle ride.

What are the risks associated with a biopsy?
A high PSA level may lead to getting a prostate biopsy. The biopsy causes problems in one out of every three men: fever, infection, bleeding, urinary problems, or pain. In most cases the problems are not serious, but a few men will need to be hospitalized.

Will the cancer spread?
In many cases the cancers don't spread beyond the prostate or cause harm. Often prostate cancer grows very slowly and it will usually not be the cause of death (see the Advice column.)

Are there risks associated with treatment?
Treating prostate cancer also has risks. Prostate cancer is often treated by removing the prostate gland or with radiation. Both treatments cause some urinary incontinence or erectile dysfunction in about a fourth of men treated. And both have some serious but rare complications, such as a heart attack or blood clots in the lungs.

Are there other options besides treatment?
If it's cancer, consider active surveillance. Active surveillance means that you and your doctor keep a careful watch on your condition. There are frequent checks to make sure it's not fast growing. With this approach, you have regular PSA tests to check if the cancer is growing quickly. You may also have MRI or ultrasound tests.

Advice from Consumer Reports

Do I need a PSA test?

Before you get a PSA test, talk to your doctor about the risks and benefits. Continue to share decision-making at every stage of screening, diagnosis, and treatment. Some questions to ask your doctor are:

- What are my risk factors?
- What are symptoms of prostate cancer?
- What will happen if my PSA level is high?
- What are my choices if a biopsy shows cancer?
- What are the differences between active surveillance and immediate treatment?

Risk factors include: being age 50–70, being African American, or eating a diet high in animal fat and low in fruits and vegetables. Some people may have a genetic risk also.

Men over age 70 usually don't need PSA tests. About one-third of men over 50 have some cancer cells in their prostate. By age 85, about three-quarters do. But most cancers never spread outside the prostate gland.

That's why you should avoid PSA tests if you are:

- Over 70 years of age, unless you are unusually healthy
- Or you're expected to live less than 10 years (due to your age or other health conditions)

If cancer is found and treated, the risks of treatment include serious complications, such as:

- Blood clots
- Heart attack
- Incontinence
- Impotence
- Or death

Prostate cancer usually progresses slowly. Most men over age 70 are more likely to die from other causes.

This report is for you to use when talking with your health-care provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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