



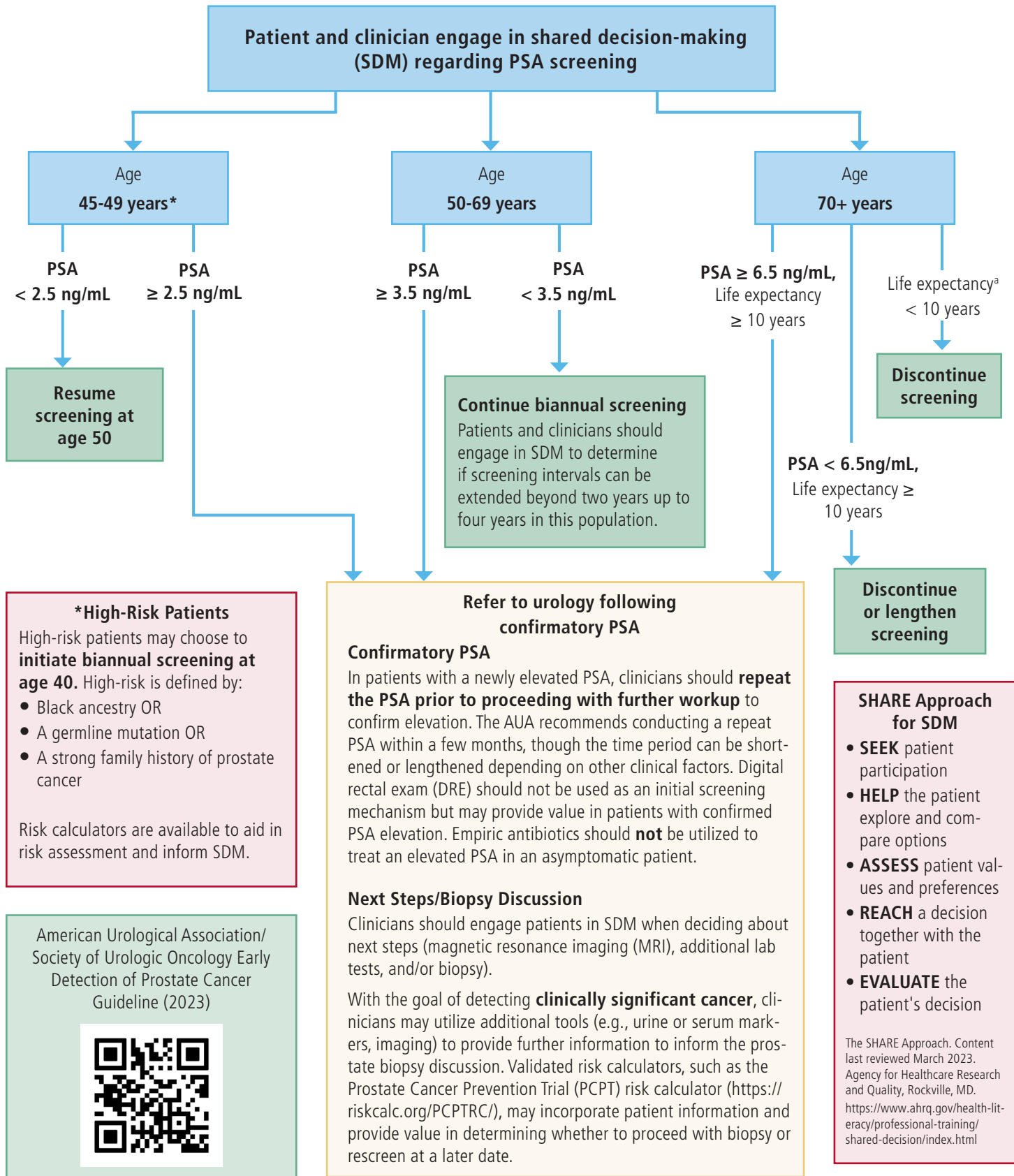
American
Urological
Association



**ADVANCING DIAGNOSTIC EXCELLENCE
AND HEALTH EQUITY:**

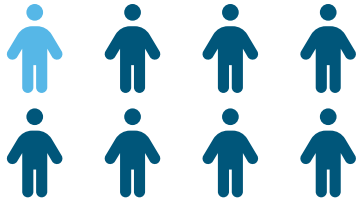
The Role of PSA Screening in Early Detection of Prostate Cancer

Tailoring Prostate-Specific Antigen (PSA) Screening for Prostate Cancer



^aEstimates of life expectancy may be ascertained using Social Security Administration Life Tables or online calculators.

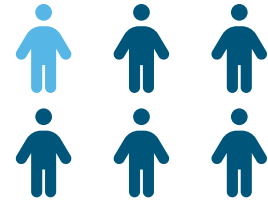
Prostate Cancer Disparities



1 IN **8**

MEN

IN THE U.S. OVERALL
WILL BE
DIAGNOSED WITH
PROSTATE CANCER
IN THEIR LIFETIME.¹



1 IN **6**

BLACK MEN

IN THE U.S. OVERALL
WILL BE
DIAGNOSED WITH
PROSTATE CANCER
IN THEIR LIFETIME.²

Black men are
1.8x more likely
to be diagnosed
compared to
their White
counterparts.^{3,4}

Black men are
2.1x more
likely to die from
prostate cancer
than their White
counterparts.³

Black men are
44-75%
more likely than
the general
population to
have advanced
disease at the
time of diagnosis.⁵

Prostate Cancer Screening

Since the introduction of Prostate-Specific Antigen (PSA) screening, there has been a **72%** reduction in the number of men with metastatic disease at the time of diagnosis.⁶

In 2012, the U.S. Preventive Services Task Force (USPSTF) recommended against PSA screening for men of all ages.⁷



In the years immediately following this recommendation, **rates of PSA screening decreased**, and the diagnosis of **advanced prostate cancer increased**.⁸

In 2018, the USPSTF recommended that clinicians inform Black men about their increased risk of developing and dying from prostate cancer.⁹

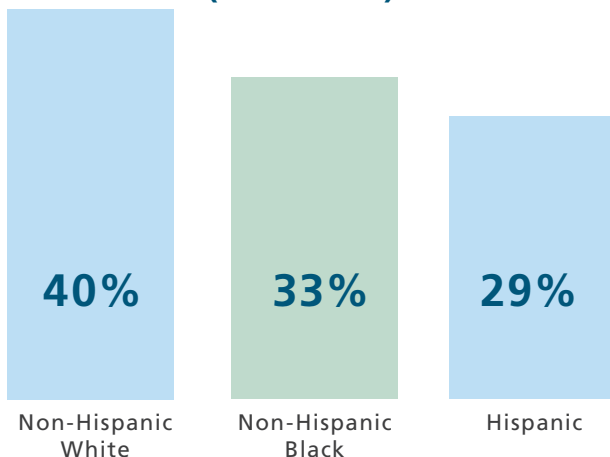


In 2022, **only 30%** of family physicians report **routinely informing Black men of their increased prostate cancer risk**.¹⁰

Even though Black men are **more than twice as likely to die** from prostate cancer, they are **screened at lower rates** than their White counterparts.

Some studies recommend starting PSA screening **3-9 years earlier** in Black men.⁵

% OF MEN AGED 55-69 WHO HAD A PSA TEST WITHIN THE PAST YEAR (2005-2021)¹¹



Due to the increased prostate cancer risk, the American Urological Association (AUA) recommends that clinicians offer prostate cancer screening to Black men beginning at **age 40-45**.¹²

Risks and Benefits of PSA Screening

The AUA recommends engaging in shared decision-making with people considering prostate cancer screening, so they can make an informed choice.

| | |
|--|---|
| PSA screening may help to detect the cancer early . | Some prostate cancers are slow-growing and unlikely to cause harm (overdiagnosis). |
| If caught early, it is easier to treat and more likely to be cured. | There can be side effects associated with treatment, and not all prostate cancers require treatment (overtreatment). |
| Some patients prefer to have more information about their health. | An elevated PSA can be anxiety-provoking for some patients. |

Reducing the Harms of Diagnosis and Treatment

Strategies to mitigate the harm associated with unnecessary biopsies and the overdiagnosis and overtreatment of prostate cancer:

TOOLS TO AID IN THE DETECTION OF CLINICALLY SIGNIFICANT PROSTATE CANCER:

Conducting **confirmatory PSA tests** and using **age-specific PSA cutoffs** can help reduce the number of unnecessary biopsies.

Prostate magnetic resonance imaging (MRI), prostate cancer **risk calculators**, other tests, and/or **digital rectal exam** (DRE) may be used to determine appropriate candidates for biopsy.

MANAGEMENT STRATEGIES TO PREVENT OVERTREATMENT OF PROSTATE CANCER:

Active surveillance is the recommended management strategy for low-risk disease. Active surveillance rates in low-risk prostate cancer increased from 27% in 2014 to 60% in 2021.¹³

Watchful waiting is the recommended management strategy for men with asymptomatic prostate cancer and a limited life expectancy.¹⁴



American Urological Association

Diagnostic excellence is defined as *“an optimal process to attain an accurate and precise explanation about a patient’s condition. An optimal process would be timely, cost-effective, convenient, and understandable to the patient. An accurate and precise diagnosis gains clinical value insofar as it leads to better choices in treatment.”*¹⁵ The AUA highlighted “enhancing diagnostic excellence” as a top priority in its *National Quality Agenda and Strategies for Urologic Practice*, emphasizing its importance in improving urologic health and urologic health care.

For additional information,
visit **AUAnet.org**

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The development of this infographic and algorithm is funded by the Gordon and Betty Moore Foundation and The John A. Hartford Foundation through a grant program administered by the Council of Medical Specialty Societies.