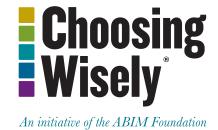
Tests and treatments for prostate cancer: the latest advice for men

It can be hard to know which tests and treatments to get for prostate cancer. This report pulls together the latest advice from experts. You can use this report to talk with your doctor.

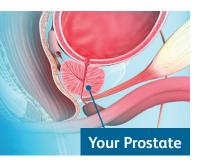


There was a time when men over age 50 were automatically screened for prostate cancer, even if they did not have significant risk factors or symptoms. But that advice has changed.

Use this report to better understand whether you need certain tests and treatments for prostate cancer. You can also use this report to talk to your doctor.







Tests for prostate cancer

Prostate cancer tests can help you get the treatment you need and they can help you decide whether it's best to pursue active treatment or an approach known as "watchful waiting." But some tests can be harmful. So talk with your doctor about your options. Here are some facts about tests.

PSA test

This test checks the level of prostate-specific antigen (PSA) in your blood. A high level could be a sign of cancer. Or it could be a sign of something else, such as an infection, an enlarged prostate, a recent ejaculation, or a long bike ride.

Today, experts say that routine PSA screening isn't needed. In fact, it could lead to tests and treatments that you don't need. That's because most prostate cancers grow and spread **slowly**. Many men over age 50 have some cancerous cells in their prostate, but they may never spread or cause harm.

Do you need α PSA test?	
If you are	Experts say
 At risk for prostate cancer Between ages 50 and 70 Diagnosed with prostate cancer Likely to live at least 10 years 	 Talk with your doctor. Discuss the risks and benefits of PSA testing and treatment.
Likely to live less than 10 yearsOlder than 70	• There's no need to get α PSA test.

Biopsy

If your PSA level is high, your doctor may advise you to get a biopsy. That's when a sample of your prostate is removed and tested for cancer. But you should know that a biopsy has risks, including infection, urinary problems, or pain, so discuss this with your doctor.

If there are cancer cells in the sample, your doctor gives the cancer a Gleason score:

- A **low** Gleason score means the cancer is likely to grow and spread **slowly**. Most prostate cancers have a low Gleason score.
- A high Gleason score means the cancer is likely to grow and spread quickly.

Imaging tests

Imaging tests, such as MRI and ultrasound, take a picture of the inside of your body. These tests may be done if a biopsy shows you have prostate cancer. They can check if you have cancer. They can also show if the cancer has grown or spread.

If you have a low Gleason score or a PSA reading below 10 nanograms per milliliter (ng/mL), you usually don't need an imaging test.

Talk with your doctor

Talk with your doctor about prostate tests and treatments. Make sure you know the risks and benefits of each option at every stage of screening, diagnosis, and treatment. For instance, you might ask:

- What would happen if I had a high PSA level?
- What risk factors make some men more likely to get prostate cancer?
- What are the symptoms of prostate cancer?
- What would my treatment options be if a biopsy showed cancer?

Your doctor may recommend antibiotics before treatment. But if you don't have symptoms of an infection, antibiotics usually aren't needed. If you take antibiotics when they aren't needed, they might not work for you in the future. Infection symptoms include pain or stinging during urination, frequent urination, reduced urinary stream, fever, or lower back pain. Talk with your doctor to make sure antibiotics are right for you.



Watchful waiting or active treatment?

If your cancer	Experts advise
Is likely to grow and spread slowly	 Watchful waiting. This may include: Biopsy Imaging tests Periodic PSA tests (See "Tests for prostate cancer")
Is likely to grow and spread quickly	 Active treatment. This may include: Radiation to shrink the tumor and kill cancer cells Surgery to take out part or all of your prostate





Credits: With thanks to the following medical societies: Society for Post-Acute and Long-Term Care Medicine (AMDA), American Academy of Family Physicians, American Geriatrics Society, American Society for Radiation Oncology, American Society of Clinical Oncology, American Urological Association

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