



# Some disagreements on....

- How to do shared decision making
- What age to start PSA screening
- How often to test PSA
- What age to stop PSA screening
- When to refer to a urologist
- Criteria for biopsy

# Shared decision making

- Assent only (we've solved overdiagnosis!)
- Formal decision aid

Frequently Asked Questions ↓	Having a PSA test	Not having a PSA test
<b>If my PSA level is high, what are the chances that I have prostate cancer?</b>	30 in every 100 men with a high PSA level (30%) have prostate cancer. Other causes of a high PSA level are inflammation and infection.	If you choose not to get the PSA test then you will not know your PSA level.
<b>If my PSA level is normal, can I be sure that I don't have prostate cancer?</b>	No, you cannot be sure. About 15 in every 100 men (15%) with a normal PSA level do have prostate cancer.	If you choose not to get the PSA test then you will not know your PSA level.
<b>Will getting the PSA test reduce my risk of dying from prostate cancer?</b>	At most, 1 death is prevented for every 1000 men who get the PSA test (0.1%). 4 in every 1000 men who get the PSA test (0.4%) still die from prostate cancer.	5 in every 1000 men who do not get the PSA test (0.5%) die from prostate cancer.
<b>What are the advantages?</b>	33 in every 100 prostate cancers found (33%) are aggressive. 10 in every 100 aggressive cancers treated (10%) will benefit from early treatment.	You will avoid the risks associated with the biopsies and treatments that could follow an abnormal PSA test.
<b>What are the risks?</b>	Because it is difficult to tell if a cancer is aggressive, you may have unnecessary biopsies and/or treatments. 67 in every 100 prostate cancers (67%) are not aggressive and do not cause problems if left untreated.	You lose the small chance of catching an aggressive cancer that would be found with a PSA test and would benefit from early diagnosis and treatment.
<b>What risks are associated with a prostate biopsy?</b>	About 30 in every 100 men who have a biopsy (30%) will develop problems afterward such as infection, pain or bleeding that lasts a few days.	You will avoid these risks if you do not get the PSA test because you will not be offered a prostate biopsy.
<b>What are the risks associated with prostate cancer treatment?</b>	About 30 in every 100 men treated for prostate cancer (30%) have longstanding problems with erections, and about 20 in every 100 men (20%) will leak urine.	You will avoid these risks if you do not get the PSA test because you will not be offered treatment.

# Shared decision making

- Assent only (we've solved overdiagnosis!)
- Formal decision aid
- Doctor led discussion
  - How much information to give the patient?
  - Focus on preferences or behavior?

# When to start PSA screening

- 55: ERSPC “core group”
- 50: Göteborg randomized trial
- 45: Malmö cohort
- 40: why not?
- 50 or 55 but earlier for
  - African Americans
  - Family history

# How often to give a PSA test

- Every four years (ERPSC)
- Every two years (Göteborg trial)
- Annually (it's what we've always done)
- Depends on PSA level
  - <1: 5 – 10 years
  - 1 – 2: 2 – 4 years
  - 2 – 3: 1 – 2 years

# When to stop PSA screening

- 70: ERSPC / AUA / USPSTF
- 75: Many 70 year olds are in great shape
- Whenever: NCCN
- 60 if PSA is low, else 70: (MSKCC)



# Criteria for referral to a urologist

- PSA 1.5: Crawford hypothesis
- PSA 3: ERSPC
- Do reflex tests in primary care: BRL

# Criteria for biopsy

- Clinical judgment
- Follow-up tests mandatory for PSA<10?
- MRI? Blood markers? Urine markers?
- Combinations of markers?

# Thank You

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