INDICATIONS FOR SCREENING

Screening is recommended for patients with:
- Risk factors for prostate cancer
- Family history of prostate cancer
- Patient and physician decision to use prostate specific antigen (PSA) as screening test

Note: PSA screening is favored by American Cancer Society (ACS), American College of Physicians (ACP), European Association of Urology (EAU), American Society of Clinical Oncology (ASCO), American Urological Association (AUA), National Comprehensive Cancer Center Network (NCCN) and the U.S. Preventive Services Task Force (USPSTF). These societies recommend a shared decision-making approach to screening starting between the ages of 40-55, depending on the organization. For persons ≥75 years of age, refer to NCCN’s Prostate Cancer Early Detection Screening guidelines (2018).

ORDER
Prostate Specific Antigen, Total
AND
Consider digital rectal exam (DRE) as complementary baseline test

PSA <1 ng/mL
- DRE normal (if done)
  - Repeat testing at 2-4 year intervals

PSA 1-3 ng/mL
- DRE normal (if done)
  - Repeat testing at 1-2 year intervals

PSA >3 ng/mL
- PSA >3 ng/mL
  - OR
    - Rapid rise in PSA >0.35 ng/mL/yr
    - OR
    - Suspicious DRE

  - Workup for benign disease and repeat testing
  - PSA <3 ng/mL
    - DRE
      - Normal
        - Repeat testing in 6-12 months
      - Abnormal
        - Urology consultation and biopsy
  - PSA ≥3 ng/mL
    - Consider further testing (eg, free percentage PSA, 4Kscore, PHI) to reduce need for biopsy

*aAlgorithm based on NCCN’s Prostate Cancer Early Detection Screening guidelines (2018)*

*bNCCN recommends a lower cutoff, 3 ng/mL, instead of the traditional 4 ng/mL cutoff*