INDICATIONS FOR SCREENING

Shared decision-making is recommended to determine when to screen; age, life expectancy, and risk factors, such as family history and race, should be taken into account.

Note: PSA screening is favored by the American Cancer Society, American Society of Clinical Oncology, American Urological Association, National Comprehensive Cancer Network, and U.S. Preventive Services Task Force. For specific societal recommendations, refer to the ARUP Consult Prostate Cancer topic.

ORDER
Prostate Specific Antigen, Total
AND
Consider DRE as complementary baseline test

PSA < 1 ng/mL
- DRE normal (if performed)
  - Repeat testing at 2- to 4-yr intervals

PSA 1-3 ng/mL
- DRE normal (if performed)
  - Repeat testing at 1- to 2-yr intervals
- DRE abnormal (if performed)
  - Repeat testing at 1- to 2-yr intervals

PSA > 3 ng/mL
- Rapid rise in PSA > 0.35 ng/mL/yr
- Suspicious DRE
  - Perform 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
- DRE
  - Normal
  - Abnormal
    - Consider further testing (e.g., percent free PSA, 4Kscore, PHI) to reduce need for biopsy

Abbreviations
- DRE: Digital rectal exam
- NCCN: National Comprehensive Cancer Network
- PHI: Prostate Health Index
- PSA: Prostate-specific antigen

Algorithm based on NCCN's Prostate Cancer Early Detection Screening guidelines (2019)
NCCN recommends a lower cutoff, 3 ng/mL, instead of the traditional 4 ng/mL cutoff