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The CUA exists to promote the highest standard of urologic care for Canadians and to advance the art and science of urology.



The Canadian Urological Association (CUA) position on prostate-specific antigen (PSA) as a screening test for prostate cancer differs from the recent position¹ of the US Preventive Services Task Force (USPSTF). The USPSTF concluded that PSA-based screening minimally reduces prostate cancer-specific deaths and is associated with harms related to evaluation and treatments, some of which may be unnecessary. This position differs from the CUA position published in August 2011.² The CUA stands by its guideline on PSA screening for prostate cancer: **PSA testing should be offered to all men 50 years of age or older with a life expectancy of at least 10 years.** Men at increased risk of prostate cancer (those of African descent or having a close relative with prostate cancer) should consider beginning testing for prostate cancer at age 40.

Prostate cancer remains the most common cancer in Canada (excluding skin cancer) with 25,500 new cases and 4100 deaths projected in 2011.³ The principle of screening for a disease implies early detection of a condition that is common, amenable to cure and for which available treatments have “acceptable” side effects. PSA measurement by a simple blood test has been shown to help find prostate cancer when it may be undetectable by other means and before any symptoms develop. In addition to helping detect prostate cancer, the PSA test is very useful in monitoring response to treatment and disease progression.

While low-risk prostate cancer may never lead to illness or death, particularly in older men suffering from other illnesses, many others will suffer the consequences of progressive disease, including problems with urination, pain from cancer spread and premature death. When detected early, prostate cancer can be cured or controlled with appropriate treatment, although this treatment may result in bothersome side effects, including urinary symptoms and leakage, sexual dysfunction and altered bowel movements. Some men with low-risk prostate cancer can be managed without treatment, avoiding side effects unless and until disease progression suggests that treatment is necessary. This strategy of active surveillance for low-risk prostate cancer, now widely practiced in Canada, reduces the problem of over-treatment — the main concern expressed by the USPSTF.

We encourage Canadian men to discuss the advantages and disadvantages of PSA testing for the early detection of prostate cancer with a qualified medical practitioner. PSA testing should remain an essential part of the investigation of suspected prostate cancer and the monitoring of men with treated or untreated prostate cancer.

References

1. U.S. Preventive Services Task Force. Screening for Prostate Cancer. *A Review of the Evidence for the U.S. Preventive Services Task Force*. www.uspreventiveservicestaskforce.org/uspstf12/prostate/prostateart.htm. Accessed November 16, 2011.
2. Izawa JJ, Klotz L, Siemens DR, et al. Prostate cancer screening: Canadian guidelines 2011. *Can Urol Assoc J* 2011;5:235-40; DOI:10.5489/cuaj.11134.
3. Canadian Cancer Society Statistics 2011. http://www.cancer.ca/Canada-wide/About%20cancer/Cancer%20statistics/PowerPoint%20slides.aspx?sc_lang=en. Accessed November 17, 2011.

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