



Advocating for better prostate cancer outcomes

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In early 2024, the CUA Board of Directors and Committee Chairs developed a new strategic plan that will guide our organization into 2029. The plan includes the following strategic goals: 1) membership growth, engagement and connection; 2) the trusted urologic education resource for health professionals & patients; 3) The Voice of Urology in Canada; and 4) innovative urological research in Canada.

While our goal of being *The Voice of Urology* in Canada is unchanged from the previous iteration of our strategic plan, the approach engaged to achieve it will take a slightly different path, with more of a focus on advocacy.

Our objectives are two-fold: to advocate on behalf of the profession to improve urologic and urologic oncology care, and to engage stakeholders supporting urologic health to optimize advocacy efforts. With these objectives in mind, at the end of 2024, we embarked on both Urology Awareness (September) and Prostate Cancer Awareness (November) online campaigns.

The Prostate Cancer Awareness campaign aimed to raise public awareness of prostate

cancer and the role of urologists in treating this disease, particularly considering the outdated recommendations from the Canadian Task Force on Preventive Health Care on prostate cancer screening, which did not include adequate consultation with urologists and have negatively impacted the health of many Canadians. As part of its advocacy portfolio, the CUA is calling on the federal government to take urgent action to correct course and shift the focus to effective prevention. In fact, our social media-based campaign — featuring posts on prostate-specific antigen testing, prostate cancer treatment options, the role of genetic testing, and the importance of urologists as leaders in treating prostate cancer — was launched with a media press release in November sent to all national MPs.

The hope is that these efforts will ultimately lead to improved screening and early detection so as to limit spread, mitigate negative health outcomes, and reduce the morbidity of advanced and metastatic prostate cancer for Canadians at risk.

A Practical Approach to the Canadian Urological Association Recommendations on Prostate Cancer Screening and Early Diagnosis*

The CUA Prostate Cancer Screening Pathway

Best Screening Practices

For men electing to undergo PSA screening, initiate PSA testing at age 50 in most men and at age 40 in men at increased risk of prostate cancer (L4, 2, 5b, C1). Men with risk factors for prostate cancer (i.e., family history, Black men) may benefit from PSA screening at an earlier age. For men with known pathologic mutations associated with prostate cancer development, an individualized testing strategy after consultation with a clinical geneticist is most appropriate.

For men electing to undergo PSA screening, intervals should be based on current PSA levels.

- For men with PSA <1 ng/mL, repeat PSA testing every 3 years (L4, 2, 5b, C1)
- For men with PSA 1-3 ng/mL, repeat PSA testing every 2 years (L4, 2, 5b, C1)
- For men with PSA >3 ng/mL, consider discontinuing PSA screening (L4, 2, 5b, C1)
- For all other men, discontinue PSA screening at age 70 (L4, 2, 5b, C1)
- For men with life expectancy <10 years, discontinue PSA screening (L4, 2, 5b, C1)

As baseline PSA levels rise above 1 ng/mL, the intermediate-term risk of developing prostate cancer increases substantially.** It is recommended that physicians take into account a patient's general health status and competing risks of mortality when considering whether or not to offer PSA testing.

Approche pratique des recommandations de l'Association des urologues du Canada pour le dépistage du cancer de la prostate et le diagnostic précoce*

Voie de dépistage du cancer de la prostate selon l'AUC

Meilleures pratiques de dépistage

Processus décisionnel complet - Dépistage du cancer de la prostate (50-70 ans)

APSA < 1 ng/mL | APSA 1 à 3 ng/mL | APSA > 3 ng/mL

Répéter les tests, max. 4 ans** | Répéter les tests, max. 2 ans** | Mutation de l'AP5 plus fréquente*

*Mettre fin au dépistage si l'espérance de vie est < 10 ans et l'APSA < 1 ng/mL.
**On peut envisager un intervalle plus court; la fréquence optimale reste incertaine.
***Selon calculateur de risque, % d'AP5 élevé, etc.
****Songer à orienter le patient vers un urologue

Les intervalles entre les tests doivent être adaptés en fonction de l'âge et de l'espérance de vie.

• Pour les hommes dont le taux d'AP5 est < 1 ng/mL, envisager de répéter les tests tous les 3 ans (L4, 2, 5b, C1)

• Pour les hommes dont le taux d'AP5 est de 1 à 3 ng/mL, envisager de répéter les tests tous les 2 ans (L4, 2, 5b, C1)

• Pour les hommes dont le taux d'AP5 est > 3 ng/mL, envisager de cesser la mesure de l'AP5. Si les recommandations de l'AUC ne s'appliquent pas à l'âge du patient et à l'espérance de vie, envisager de cesser la mesure de l'AP5 (L4, 2, 5b, C1)

• Pour les hommes dont le taux d'AP5 est < 1 ng/mL, envisager de répéter les tests tous les 3 ans (L4, 2, 5b, C1)

• Pour les hommes dont le taux d'AP5 est de 1 à 3 ng/mL, envisager de répéter les tests tous les 2 ans (L4, 2, 5b, C1)

• Pour les hommes dont le taux d'AP5 est > 3 ng/mL, envisager de cesser la mesure de l'AP5 (L4, 2, 5b, C1)

À mesure que les taux d'AP5 (au-dessus de 1 ng/mL) augmentent, le risque à moyen terme de présenter un cancer de la prostate augmente considérablement**. Il est recommandé que les médecins tiennent compte de l'âge du patient et de son espérance de vie, ainsi que de son statut de santé générale, lorsqu'ils envisagent d'offrir ou non la mesure de l'AP5.

Pour la version française, voir cuaj.ca

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

For free access to the CUA's prostate cancer screening tool card (in English and French), visit UROpedia.com. Members can also request complimentary printed copies.