Should you get a PSA test?
A Patient–Doctor Decision

The PSA is a blood test used to help identify men who may have prostate cancer. PSA (Prostate Specific Antigen) is a substance from the prostate; the PSA blood test tells how much PSA is in your blood. All men have PSA in the blood, but a high PSA level may be a sign of prostate problems (such as an enlarged prostate). Older age may also cause a higher PSA level. Prostate cancer is another cause of a high PSA. Therefore a high PSA may or may not be a sign of cancer.

Getting a PSA routinely may help identify aggressive cancers. If you have cancer, a routine PSA can help tell whether the cancer is growing fast. Catching a prostate cancer early may make it easier to treat. If the cancer spreads outside of the prostate there are less treatment options. The PSA test helps to find prostate cancers earlier than they would have been found without the PSA.

Why shouldn’t I get a PSA?

Prostate cancer usually grows very slowly. Even if a man has prostate cancer it may never affect his health. Most men with prostate cancer die of other causes. Many men never even know they have prostate cancer. They die from other causes before the prostate cancer grows enough to cause health problems. A man who has prostate cancer may be worse off if he gets treated than if he did not get treatment. The side effects from the treatment may cause harm when the cancer may not have. Some men think the treatment side effects are worse than having the cancer.

What is a PSA?

The PSA is a blood test used to help identify men who may have prostate cancer. PSA (Prostate Specific Antigen) is a substance from the prostate; the PSA blood test tells how much PSA is in your blood. All men have PSA in the blood, but a high PSA level may be a sign of prostate problems (such as an enlarged prostate). Older age may also cause a higher PSA level. Prostate cancer is another cause of a high PSA. Therefore a high PSA may or may not be a sign of cancer.

Why can’t my doctor decide what’s best for me?

Whether or not you should get a PSA depends on how you balance the pros and cons. Would you feel better knowing you have prostate cancer? Would you feel better not knowing? Some things to think about: What happens if your PSA is elevated? What happens if you do have cancer? What difference will it make for you to know?

What should I do?

Talk to your doctor about your individual risks for prostate cancer. Ask your doctor any questions you have about the PSA and prostate cancer. By talking to your doctor, you and he can make a shared decision about whether you should get a PSA.

If I do get a PSA what happens next?

A high PSA is 4 or greater. If you have a high PSA the next step is a biopsy. If the biopsy shows you have cancer then you will need to decide what treatment is best for you.
There are 4 possible outcomes to a PSA test:
1. Your PSA is normal and you do not have prostate cancer (a true negative)
2. Your PSA is normal but you do have prostate cancer (a false negative)
3. Your PSA is elevated but you do not have prostate cancer (a false positive)
4. Your PSA is elevated and you do have prostate cancer (a true positive)

For every 100 men who have a PSA blood test…….

Of the 10 with elevated PSA’s…….
3 will have prostate cancer (true positive)
7 will not have prostate cancer (false positive)

Of the 90 with normal PSA’s…….
1 will have prostate cancer (false negative)
89 will not have prostate cancer (true negative)

If you have prostate cancer you must make a tough decision of whether or not to treat it. Most treatments can have bad side effects. It is not known whether treatment or no treatment results in better quality of life. It is not known whether treatment prolongs life. Here are some of the things that can happen after treatment:

Possible Outcomes of Treatment

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<thead>
<tr>
<th></th>
<th>Radiation</th>
<th>Surgery</th>
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</thead>
<tbody>
<tr>
<td>Improved survival</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>Death from treatment</td>
<td>2 in 1000</td>
<td>1 in 200 younger men</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 to 3 in 100 older men</td>
</tr>
<tr>
<td>Impotence (difficulty with erection)</td>
<td>40 in 100</td>
<td>30* to 90 in 100</td>
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<tr>
<td></td>
<td></td>
<td>*nerve sparing surgery</td>
</tr>
<tr>
<td>Any Incontinence (loss of urine control)</td>
<td>60 in 100</td>
<td>32 in 100</td>
</tr>
<tr>
<td>Complete Incontinence (lose complete control of urine)</td>
<td>1 in 100</td>
<td>7 in 100</td>
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<tr>
<td>Urinary Stricture (makes it difficult to urinate)</td>
<td>5 in 100</td>
<td>12-20 in 100</td>
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<tr>
<td>Any rectal Injury (discomfort/trouble with bowel movements)</td>
<td>11 in 100</td>
<td>30 in 100</td>
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It is up to you and your doctor to decide whether you should have a PSA. The correct decision is the informed decision. Talk to your doctor and decide what factors are important to you. Here are some Pros and Cons to consider:

Possible advantages to having a PSA test:
- It may give reassurance if it's normal
- It can find many cancers earlier than is possible by a digital rectal exam
- Treatment at early stages may help men live longer and avoid cancer complications

Possible disadvantages to having a PSA test:
- It may miss cancer and give a false reassurance that there is no cancer
- It may lead to a biopsy and anxiety when a man has no cancer
- Treatment at early stages may not help men live longer and treatment has risks of side effects
References


