

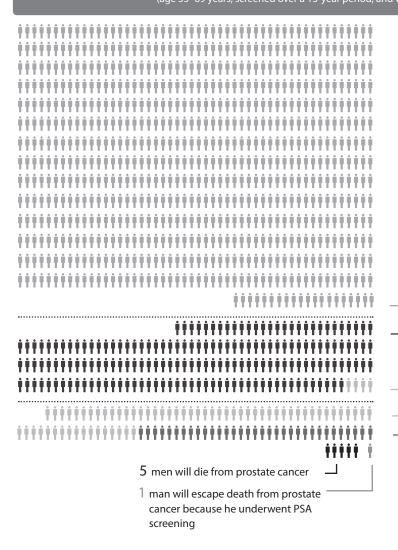
## Benefits and Harms of PSA Screening



The Canadian Task Force on Preventive Health Care recommends against screening for prostate cancer with the PSA test

- The CTFPHC found that the potential small benefit from PSA screening is outweighed by the potential significant harms of the screening and associated follow-up treatment.
- Men should understand that PSA screening may result in additional testing if the PSA level is raised.
- To save one life we would need to diagnose an additional 27 men with prostate cancer

## RESULTS OF SCREENING 1,000 MEN WITH THE PSA TEST (age 55–69 years, screened over a 13-year period, and with a PSA screening threshold of 3.0 ng/ml)



## What are my risks if I don't get screened?

- Among men who <u>are screened</u> with the PSA test, the risk of dying from prostate cancer is 5 in 1,000
- Among men who <u>are not screened</u> with the PSA test, the risk of dying from prostate cancer is 6 in 1,000

720 men will have a negative PSA test
178 men with a positive PSA in whom follow-up testing does not identify prostate cancer
4 of these 178 will experience biopsy complications such as infection and bleeding severe enough to require hospitalization
102 men will be diagnosed with prostate cancer
33 of these 102 prostate cancers would not have caused illness or death Because of uncertainty about whether their cancer will

progress, most men will choose treatment and may

## Complications of treatment for prostate cancer

experience complications of treatment

- 114–214 will have short-term complications such as infections, additional surgeries, and blood transfusions
- 127–442 will experience long-term erectile dysfunction
- up to 178 will experience urinary incontinence
- 4–5 will die from complications of prostate cancer