Prostate Cancer—Video for Physicians Transcript

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Prostate cancer is the most commonly diagnosed non-skin cancer in men, and the third leading cause of cancer death for men in Canada. But when it comes to diagnosing prostate cancer here are some facts to consider. While 1 in 7 men will be diagnosed with prostate cancer over his lifetime, only 1 out of 28 will die from his prostate cancer. The PSA test is currently the most common screening tool for prostate cancer. Evidence shows that if 1,000 men aged 55 to 69 are screened with a PSA test over a period of 13 years, approximately 178 men will test positive on the PSA, and after performing a biopsy, which carries the risk of infection and bleeding, will find out they don't have prostate cancer. 102 will be diagnosed with prostate cancer, 33 of these men will have a form of prostate cancer that will never cause death or illness. But most men will opt for treatment and may experience associated complications, for example infection, erectile dysfunction, and urinary incontinence. Five men will die from prostate cancer despite undergoing screening, and one man will be saved because of screening. Based on these facts, the Canadian Task Force on Preventive Health Care has developed prostate cancer guidelines and recommendations, aimed at helping clinicians frame the conversation around prostate cancer and preventative measures with patients. These recommendations are graded according to the Grading of Recommendations, Assessment, Development, and Evaluation.

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Discussions and decisions about prostate cancer screening should focus on weighing potential harms against benefits. Any potential small benefit resulting from routine PSA screenings is outweighed by potentially significant harms from such PSA screenings with their associated follow-up diagnostic testing and treatments. Prostate cancer is a heterogeneous disease and most often slowly progressive and non-life-threatening. With only a small proportion of prostate cancer being aggressive enough to cause symptomatic disease or death. Early diagnosis doesn't necessarily result in a better outcome, and ultimately progression differs from patient to patient. The CTFPHC recommends against screening for prostate cancer with the PSA test. For men less than 55-years-old this is a strong GRADE recommendation with low-quality evidence. For men aged 55 to 69 years this is a weak GRADE recommendation with moderate-quality evidence. And for men 70 years of age and older, this is a strong GRADE recommendation with low-quality evidence. A strong recommendation against PSA screening implies that practitioners should not routinely raise the subject of PSA screening with men unless they ask, while a weak recommendation against PSA screening implies the practitioners should be prepared to discuss the harms and benefits of screening, so the patients can make a decision about screening that is consistent with their values and preferences. Men must understand that elevated PSA levels may lead to possible additional testing, and the screening may lead to only a small reduction in prostate cancer mortality with no reduction of overall mortality. Harms are frequent following a PSA screening, including false positives, over-diagnosis, and complications from prostate biopsies and surgeries. These harms can occur among men who would never experience symptoms or death from prostate cancer. And since PSA thresholds of 2.5 nanograms per milliliter or 4.0 nanograms per milliliter are commonly used, there is an ever present risk of increased false positives and overdiagnosis. No value of PSA excludes the presence of prostate cancer. We encourage practitioners to have an open, honest dialogue with their patients on both the benefits and harms of screening. To that end we're committed to providing clinicians and patients with evidence-based information to make informed healthcare choices. For more detailed information on the guidelines, recommendations and implementation tools please visit canadiantaskforce.ca.

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