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

### Benefits and Harms of PSA Screening

**What are my risks if I don’t get screened?**

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

### 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)

- 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
- 5 men will die from prostate cancer despite undergoing PSA screening
- 1 man will escape death from prostate cancer because he underwent PSA screening

### Complications of treatment for prostate cancer

For every 1,000 men who receive treatment for prostate cancer:

- 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 treatment

Statistics for benefits and harms were calculated from the European Randomized Study of Screening for Prostate Cancer (ERSPC).