



TEXAS UROLOGY

CURRENT AUA (AMERICAN UROLOGICAL ASSOCIATION) POLICY REGARDING PSA FOR PROSTATE CANCER SCREENING

Prostate cancer is most treatable when caught early. Men ages 40 and older should be offered a baseline PSA (prostate specific antigen) test and DRE (digital rectal exam) for early detection and risk assessment. The future risk of prostate cancer is closely related to a man's PSA score; men who are screened at 40 establish a baseline PSA score that can be tracked over time. The AUA strongly supports informed consent, including a discussion about the benefits and risks of testing, before screening is undertaken.

According to the ACS (American Cancer Society), prostate cancer is the most common non-skin cancer affecting men in the United States. One in six men will be diagnosed with prostate cancer in his lifetime – more than 192,000 in 2009. It is the second leading cause of cancer death in American men.

Prior to the emergence of PSA testing, only 68 percent of newly diagnosed men had cancer localized to the prostate and 21 percent had metastatic disease. Today, more than 90 percent of these men have cancer confined to the prostate and only 4 percent have cancer that has spread to other areas of the body. U.S. deaths from prostate cancer have decreased by 40 percent over the past decade – a greater decline than for any other cancer. While the PSA test may be limited because it does not indicate whether a cancer is aggressive, the test provides important information in the diagnosis, pre-treatment staging or risk assessment, and monitoring of prostate cancer patients. It has allowed millions of men to make informed treatment decisions that may have saved their lives.

The controversy over prostate cancer should surround the test, but rather how test results influence the decision to treat. The decision to proceed to prostate biopsy should be based not only on elevated PSA and/or abnormal DRE results, but should take into account multiple factors including free and total PSA, patient age, PSA velocity, PSA density, family history, ethnicity, prior biopsy history and comorbidities.

A cancer cannot be treated if it is not detected. Not all prostate cancers require immediate treatment; active surveillance, in lieu of immediate treatment, is an option that should be considered for some men. Testing empowers patients and their urologists with the information to make an informed decision.

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