

### Online Table A. Screening for Prostate Cancer: Clinical Summary of the USPSTF Recommendation

Population	Men younger than 75 years	Men 75 years and older
Recommendation	No recommendation Grade: I	Do not screen Grade: D
Risk assessment	Prostate cancer is more common in older men, black men, and men with a family history of prostate cancer. The same uncertainties about the effects of screening that apply to other men also apply to these men.	
Screening tests	The PSA test is more sensitive than the digital rectal examination. The conventional PSA test cutpoint of 4.0 ng per mL (4.0 mcg per L) misses some early cancers. However, lowering the cutpoint would increase the rate of false-positive results. Variations of PSA screening have not yet been demonstrated to improve health outcomes.	
Screening intervals	If PSA screening reduces mortality, screening every four years may be as beneficial as annual screening.	
Interventions	Management strategies for localized prostate cancer include watchful waiting, active surveillance, surgery, and radiation therapy. There is no consensus regarding optimal treatment.	
Balance of harms and benefits	The harms of screening include the discomfort of prostate biopsy and the psychological harm of false-positive test results. Harms of treatment include erectile dysfunction, urinary incontinence, bowel dysfunction, and death. A proportion of patients treated, and possibly harmed, would not have developed cancer symptoms during their lifetime.	
	In men younger than 75 years, evidence is inadequate to determine whether screening improves health outcomes. Therefore, the balance of harms and benefits cannot be determined.	In men 75 years and older, and for those whose life expectancy is 10 years or less, the incremental benefit from treatment of prostate cancer detected by screening is small to none. Therefore, the harms of screening outweigh the benefits.
Suggestions for practice	Physicians should discuss the potential benefits and known harms of PSA screening with their patients. Men should be informed of the gaps in the evidence, and their personal preferences should guide the decision whether to perform the screening.	
Other relevant recommendations from the USPSTF	A list of USPSTF recommendations on cancer screening can be found at <a href="http://www.preventiveservices.ahrq.gov">http://www.preventiveservices.ahrq.gov</a> .	

PSA = prostate-specific antigen; USPSTF = U.S. Preventive Services Task Force.