PATIENT INFORMATION SHEET

PSA Screening

What is the PSA Test?

It is a blood test that measures a substance called prostate specific antigen (PSA) which is made by the prostate gland (a walnut-sized gland located just below the bladder). A high level of PSA means you may have a prostate problem, but does *not necessarily mean* you have prostate cancer.

What does PSA screening mean?

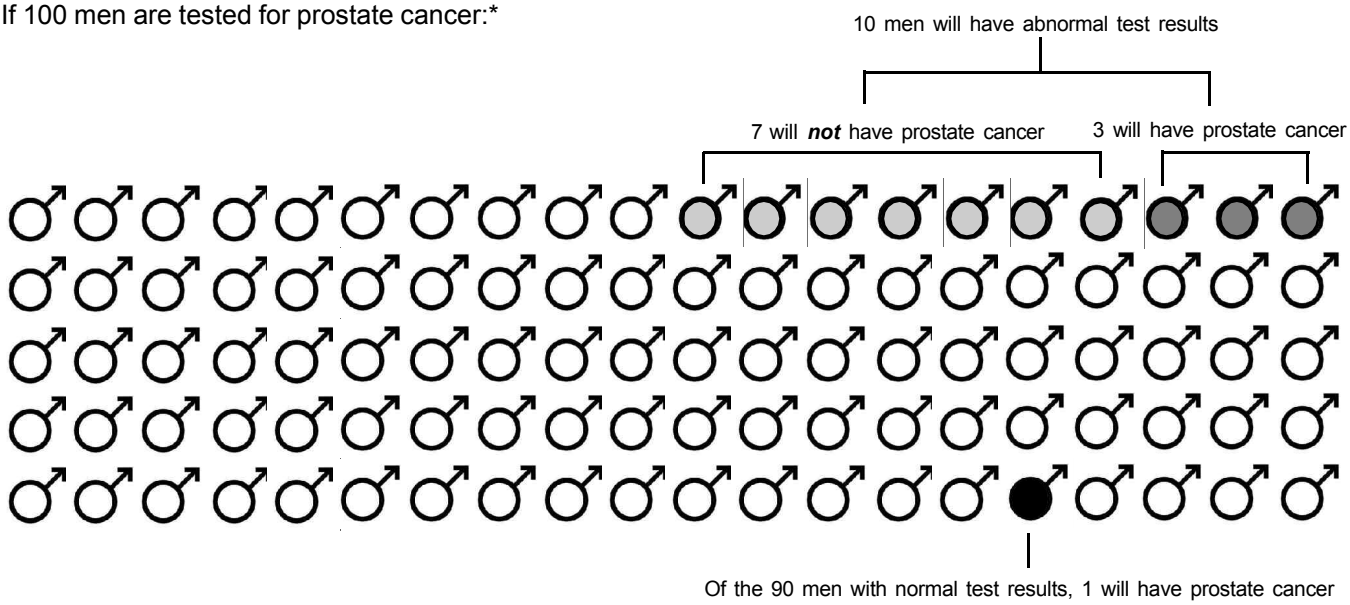
It means using the PSA test in men who don't have symptoms of prostate cancer to find the disease as early as possible. It is most appropriate for men who are expected to live more than 10 years. If you choose to have a PSA blood test, your doctor may check your prostate with a digital rectal examination.

Is PSA screening recommended?

- Some experts are strongly in favour of it; others are strongly against it. The test is controversial because:
  - We don't know if men are better off having the test done or not.
  - Many men may be treated unnecessarily, because prostate cancer is often a slow-growing disease that will never cause problems during a man's lifetime.
- Finding and treating prostate cancer in its early stages *may* extend life, but we don't know for sure.
- Complications (such as incontinence and impotence) can occur with prostate cancer treatment.
- The PSA test produces both false positive and false negative test results (discussed below).

How accurate is the PSA test in finding prostate cancer?

It is not 100% accurate, even when used with the digital rectal examination.
If 100 men are tested for prostate cancer:*



How do I decide whether to have the PSA test or not?

Try to weigh the risks and benefits:

- Risks: the PSA test may be wrong; positive PSA tests may lead to other tests; prostate cancer treatment may not be effective; treatment can have complications that affect your quality of life.
- Benefits: the PSA test may find a prostate cancer before symptoms develop; finding and treating potentially aggressive prostate cancer at an early stage.

Talk to your spouse, partner or family members. And, if you have further questions, see your doctor again.

In the end, it's up to you to decide.

* Illustration adapted from Schapira 2000.

Patient Information Sheet adapted from the ICES patient brochure, Chan 1998, Collège des médecins du Québec, Schapira 2000, Wolf 1996.