

What's different about the new prostate cancer screening guidelines?

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With its first update in almost a decade, the American Cancer Society today released revised guidelines for prostate cancer screening. Although some recommendations haven't changed--most notably, they still don't support routine screening for prostate cancer--the society is offering some new advice.

For men who choose to be screened, the revamped guidelines recommend annual screening for those with a PSA (prostate-specific antigen) level of 2.5 ng/ml or higher, but screening can be stretched to every two years for men whose PSA is under 2.5 ng/ml. Once the PSA level hits 4.0 ng/ml, the society recommends further evaluation or biopsy. For levels that fall between 2.5 ng/mL and 4.0 ng/mL, doctors should assess individual risk before deciding how to proceed.

The society put greater emphasis on shared decision-making, offering physicians specific suggestions, such as use of decision aids (check out the [ACS decision aid](#)), to help facilitate conversations with patients about the risks and benefits of screening. (Read about the cancer screening debate in "[Life Preserver?](#)" from the Fall 2009 issue.)

The controversy surrounding PSA screening again ignited a year ago when two studies were reported in *The New England Journal of Medicine*. One study found the test saved lives, while the other found it didn't. (Check out [our coverage](#) of the research.) These conflicting findings are what led the ACS to focus attention on informed decision-making in the new guidelines.

The guidelines also acknowledge the limits of digital rectal exams, stating that screening can be performed using PSA with or without the digital rectal exam.

As for community-based prostate cancer screening programs, the society discourages men from participating in programs unless they provide appropriate counseling and follow-up care to men with abnormal screening results.

"Availability of follow-up care must not be an afterthought. Unless these program elements are in place, community-based screening should not be initiated," the guidelines say.

Read the complete guidelines in [CA: A Cancer Journal for Clinicians](#).