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|  <p>MaineHealth CANCER CARE NETWORK SUPPORTED BY THE HAROLD ALFOND® FOUNDATION</p> | Prostate Cancer Screening Guideline | |
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| | MaineHealth Genitourinary Work Group | |

Cancer Screening Choices

It is fundamentally important for an individual patient to make an informed choice on cancer screening, especially when to start, what test and what interval of testing. This process should begin with a careful Shared Decision Making discussion between the patient and their primary care physician and/or oncology specialist. All guidelines are carefully developed and they also differ. They do not differ, however, with the firm recommendation that any given approach must be carefully considered between the patient and their physician. It is important to take advantage of understanding the benefits and risks of cancer screening aligned with the patient’s personal wishes, medical history, and family history.

1. For men under age 45 years old, no routine PSA screening is needed.
2. For men aged between 45-55 years old, no routine PSA screening is needed for healthy men; however for patients who are Black or have positive family history of more than one family member with prostate cancer, a one-time PSA level at 45 may be appropriate to provide a baseline for future PSA test results. In all cases, men should have a discussion with their physician about benefits and risks.
3. For men aged between 55-69 years old with life expectancies greater than 15 years, decisions about PSA tests should be based on a shared decision between patient and physician, acknowledging the known risks and benefits. If PSA screening is elected, it may be appropriate to have every 1-2 years. Decision-making should emphasize that not every cancer detected needs to be treated and that a wide spectrum of effective treatments are available.
4. For men >70 years old, no routine PSA screening is needed. For men in excellent health, screening until age 75 may be appropriate as decided by the patient and physician.