

LUGPA Position Statement: PSA Screening

September 10, 2013 - LUGPA Executive Office

In correspondence to LUGPA colleagues dated September 10, 2013, President Deepak A. Kapoor, MD, detailed the organization's [position statement on PSA screening](#).

As physicians, we continuously evaluate evidence-based information of disease processes in order to provide best clinical practices for our patients.

The LUGPA Board of Directors has carefully monitored the recent controversy surrounding the use of prostate-specific antigen (PSA) testing for early detection of prostate cancer. Despite considerable evidence supporting the use of PSA testing as a screening tool and its role as a predictor of future risk for developing prostate cancer, several conflicting guideline statements have been released from various organizations. Unfortunately, this has resulted in confusion within our specialty as well as amongst our patients and fellow physicians.

After careful evaluation of previously published guidelines as well as thorough review of recent statements from the European Association of Urology and the World Prostate Cancer Congress, the LUGPA Board of Directors, in consultation with thought leaders in the diagnosis of prostate cancer, unanimously adopted the following as LUGPA's official position on PSA screening.

1. Risks of prostate cancer screening must be uncoupled from risks of prostate cancer detection and treatment
2. PSA testing facilitates the early detection of prostate cancer, which results in:
 - a. a reduced risk of being diagnosed with or developing locally advanced and/or metastatic prostate cancer
 - b. a reduction in prostate cancer-specific mortality
3. A baseline serum PSA level should be obtained in men in their 40s who have made an informed decision to pursue early detection of prostate cancer
4. Intervals for an individual's prostate cancer screening should be adapted to:
 - a. baseline PSA
 - b. prostate cancer risk factors (including African-American heritage and a family history of prostate cancer)
 - c. the potentially short preclinical timeline of aggressive cancers
5. PSA screening should be offered to men with a life expectancy of ≥ 10 years, regardless of age
6. PSA testing should not be considered on its own, but rather as part of a multivariable approach to early prostate cancer detection

Despite the progress of the last two decades, prostate cancer remains the second leading cause of cancer death in men in the United States. Demographic data clearly demonstrates that we are not detecting more cancers; we are detecting prostate cancer earlier and thus saving lives. We must continue to educate patients that a PSA test is simply a tool that facilitates informed decision making; it is neither a commitment to have a biopsy nor an obligation to receive treatment should prostate cancer be detected. As the clinicians whose specialty is dedicated to the appropriate diagnosis and treatment of prostate cancer, we must remain steadfast in protecting the rights of men and their caregivers to appropriately access PSA testing.

Sincerely,

Deepak A. Kapoor, MD

President

On behalf of the LUGPA Board of Directors