



2009 Prostate Screening Guidelines

Referring patients to a urologist based on these guidelines will improve the ability to provide effective treatment. According to the *American Urological Association (AUA)* and *National Comprehensive Cancer Network (NCCN)* clinical practice guidelines:

- An abnormal Prostate Specific Antigen (PSA) value in younger men is a new risk factor and a promising marker for determining risk of developing aggressive prostate cancer. **All men should be offered a baseline screening at age 40 and 45.** Patients in other high risk groups (men with a family history of prostate cancer and African-American men) should receive annual routine prostate examinations beginning at age 40. By age 50, all men are considered high risk irrespective of other risk factors, and should be undergoing annual routine prostate screening.
- A full prostate screening includes both a PSA blood test and digital rectal exam (DRE).
- Men with an abnormal DRE should be referred to a urologist regardless of PSA results.

NCCN guidelines include the following details for the use of the PSA blood test to promote prostate health and the early detection of prostate cancer:

- Patients under 50 with a baseline PSA value of ≥ 1.0 ng/mL, should be screened annually.
- A urologic consult is advisable for men with a PSA value of >2.5 ng/mL.
- Men with an average annual PSA value of ≤ 2.5 ng/mL, should be referred to a urologist if they have a PSA velocity (absolute numeric change over a period of 12 months) of >0.35 ng/mL/y.
- PSA values may be artificially lowered in men who are clinically obese or who are taking medication for Benign Prostatic Hyperplasia (BPH) such as finasteride or dutasteride. These men should be screened annually for prostate cancer starting at age 40.

Age/ race adjusting can be a valuable tool for promoting early detection. *AUA 2009 Best Practice Policy on PSA Testing* states that age-specific, median PSA values are 0.7 ng/mL for men in their 40s, 0.9ng/mL for men in their 50s, 1.2 for men in their 60s, and 1.5 for men in their 70s. The following chart shows several “normal” ranges for PSA as published by the AUA.

Age Range	Asian (upper limit of normal)	Caucasian (upper limit of normal)	African-American (upper limit of normal)
40-49	0-2.0 ng/mL	0-2.5 ng/mL	0-2.0 ng/mL
50-59	0-3.0 ng/mL	0-3.5 ng/mL	0-4.0 ng/mL
60-69	0-4.0 ng/mL	0-4.5 ng/mL	0-4.5 ng/mL
70-79	0-5.0 ng/mL	0-6.5 ng/mL	0-5.5 ng/mL

These recommendations have been reviewed and supported by Judd Moul M.D., F.A.C.S., *Professor and Chief of the Division of Urology at Duke University Medical Center and Duke Prostate Center physicians and professional staff*, Culley C. Carson, III, M.D., F.A.C.S., *Rhodes Distinguished Professor, Professor and Chief of Urology at UNC School of Medicine and the faculty and staff of UNC Urology, the physicians of the Wake Forest University Baptist Medical Center Prostate Cancer Center of Excellence.*

Abnormal screening results may indicate several benign treatable conditions or allow for the early detection of prostate cancer. Urologic follow-up for abnormal screenings may include re-screening, “percent free PSA” and/or a prostate biopsy. Only a prostate biopsy can diagnose prostate cancer. Once diagnosed with prostate cancer, a patient’s thorough understanding of his diagnosis and available treatment options is critical to effective treatment. Visit www.pccnc.org for a list of patient recommended educational resources or call *UsToo!* International’s patient hotline at (800)808-7866.