



Position Statement on Early Detection of Prostate Cancer

Background

Prostate cancer is the most commonly diagnosed cancer¹ and the second leading cause of cancer deaths in Canadian men². Nova Scotia has the third highest rate of deaths from prostate cancer in Canada³.

CCNS Position on Early Identification of Prostate Cancer

Cancer Care Nova Scotia does not at this time support the implementation of a comprehensive population-based prostate cancer screening program for Nova Scotia. While we know that the PSA test may be used to detect early stage prostate cancer, there is insufficient evidence to suggest at this time that a decline in mortality rates from prostate cancer can be directly attributed to screening.^{4,5,6} As new evidence emerges, this statement will be re-evaluated.

Cancer Care Nova Scotia believes that early identification of prostate cancer requires a partnership between Nova Scotian men and their physicians.

- Men need to be aware of prostate cancer, and what it may mean for them.
- Men who have concerns about prostate cancer should discuss them with their physician.
- Physicians should discuss the potential benefits of early detection of prostate cancer with men over 50 who do not exhibit urological symptoms and those who are considered to be at greater risk for prostate cancer.

The risk of prostate cancer increases with age, especially after the age of 50.⁷ Men who have a family history of prostate cancer are more likely to develop prostate cancer.⁸ American evidence suggests that men of African heritage are at higher risk of prostate cancer.⁹ Physicians are encouraged to discuss the risks and benefits of prostate screening with men in a higher risk category beginning at the age of 40.

Early detection of prostate cancer involves the use of both the Digital Rectal Exam (DRE) and serum PSA determination. The PSA blood test may be used to detect prostate cancers at an early stage. This test is available to Nova Scotian men through their family physicians and following a discussion of the risks and benefits of prostate cancer screening. Men who have difficulty accessing this test through their physician should request a referral to another physician. It is important to recognize that PSA is accepted to be useful in the evaluation of symptomatic prostate disorders.

Guidelines for Health Professionals

The Genito-Urinary (GU) Cancer Site Team recommends that:

- Health professionals be aware of prostate cancer as the most common cancer in men.
- Health professionals recognize the increasing incidence of clinically significant prostate cancer reflecting the increased life expectancy of the current male population.
- Health professionals be aware of the natural history of prostate cancer. It is not advised to screen patients with significant co-morbidities or a limited life expectancy.
- Early detection of prostate cancer involves both the DRE and serum PSA determination.
- Age adjusted PSA reference values be the standard when PSAs are ordered.
- Appropriate counselling (including the risks and benefits of prostate cancer screening) be provided to men prior to initiating screening and that informed consent should be documented.
- Men who choose to be screened should be screened on an annual basis. The need for screening be re-evaluated as necessary based on the man's health status.
- Student physicians continue to be trained in the technique of proper male genitourinary examination including DRE, and learning opportunities for practicing physicians be provided.
- Men who present with urological symptoms or have suspicious findings on physical examination require appropriate diagnostic investigations, including age-adjusted PSA and DRE regardless of age.

*This statement was developed by the Genito-Urinary Cancer Site Team of **Cancer Care Nova Scotia**, with input from provincial stakeholders including health professionals and prostate cancer consumers.*

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*For more information about these or any other **CCNS** initiatives, please call 902-473-4645.*

¹ National Cancer Institute of Canada. (2001). *Canadian Cancer Statistics 2001*, p 25 .

² Ibid. p.27.

³ Capital District Health Authority *Why Do We Need to Change the Way We Think About Health?*

⁴ Meyer F & Fredet Y (1998). Prostate cancer: 4. Screening in *CMAJ* 159: 968-72.

⁵ Greenlee RT, Hill-Harmon MB, Murray T, et al. (2001). 'Cancer statistics, 2001' *CA: A Cancer Journal for Clinicians* 51(1): 15-36.

⁶ Prostate Cancer Alliance of Canada. (1998). *Early detection of Prostate Cancer*.

⁷ *Canadian Cancer Statistics 2000* p. 49.

⁸ Alberta Medical Association. (1997). *Guideline for Use of PSA and Screening for Prostate Cancer*, p. 2.

⁹ MacIntosh, H.J Natl Cancer Inst 1997 Feb 5;89(3):188-189 *Why do African-American men suffer more prostate cancer?*