

These recommendations have been developed by the Michigan Cancer Consortium Advisory Committee on Prostate Cancer to help Health Care Providers guide asymptomatic men and their families in making informed decisions about prostate cancer early detection.

Men who MAY be candidates for early detection*:

- Prostate cancer is a disease of older men. Early detection beginning at age 50 may be appropriate for men who have a life expectancy of at least 10 years. Seventy percent of prostate cancer incidence is in men older than 65 though prostate cancer in men less than 50 is more likely to be aggressive.
- Higher risk men may be candidates for early detection starting at age 45. Men at higher risk are:
 - African Americans have an incidence rate of prostate cancer 1.4 times that of Whites, and a disease specific mortality rate 1.9 times that of Whites.¹
 - Men with a family history of prostate cancer on either maternal or paternal side: There is a two fold increase in lifetime risk in individuals with one affected first degree relative. This increases to a 4.5 fold increase with 2 affected first degree relatives, and an eleven fold increase with 3 affected first degree relatives. This increased risk for prostate cancer attributable to family history is consistent across all racial and ethnic backgrounds.²
 - Men with a strong family history (for example young age at diagnosis or multiple family members) should also receive risk information and counseling.
 - BRCA1 mutation carriers have a two times higher risk of prostate cancer than non-carriers; BRCA2 mutation carriers have 5-7 times the risk, especially for early onset prostate cancer.²⁹

Men who are NOT candidates for early detection:

- Men who are younger than 50 who are at normal or low risk.
- Men of any age with less than 10 year life expectancy.
- Men with suspected or known prostate cancer or history of prostate cancer.

Men with symptoms of prostatic disease should undergo diagnostic evaluation.

****All candidates for early detection should be fully informed of the potential risks and benefits of early detection before being tested.***

¹ Michigan Public Health Institute. *The Cancer Burden in Michigan: Selected Statistics, 1985-2002*. December 2004.

² Bock, C. The Genetics of Prostate Cancer. Karmanos Cancer Institute, Wayne State University. Presentation to MDCH Cancer Section, June 10, 2005.

Informed Decision-Making: Counseling by a health professional should include the following elements:

- Prostate cancer is an important and potentially life-threatening health problem.
- The benefits of one-time or repeated testing for prostate cancer have not yet been proven, but early detection may save lives.
- Early detection and treatment may prevent future prostate cancer-related illness.
- Treatment of prostate cancer does have risks that should be carefully evaluated prior to the decision for treatment. Treatment may result in sexual dysfunction, urinary incontinence, fecal incontinence, rectal bleeding, and a minimal risk of treatment-induced mortality.
- Both digital rectal examination and PSA measurement can have false positive or false-negative results.
- An abnormal test result may require further evaluation, usually ultrasound directed biopsies of the prostate.
- The risk of developing prostate cancer increases with increasing age.
- African-American men have a higher risk of getting and dying from prostate cancer than men in other racial/ethnic groups.
- Men with a family history of prostate cancer on either the maternal or paternal side are at higher risk of getting and dying from prostate cancer. These men should receive genetic counseling.
- Men and their families may be provided access to the CDC decision aids “Prostate Cancer Screening A Decision Guide” and/or “Prostate Cancer Screening A Decision Guide for African Americans” (available free of charge at <http://www.cdc.gov/cancer/publica.htm#printed>) or to another high quality decision aid to assist in making an informed decision.

Health Care Providers should then:

- Address any patient concerns.
- Facilitate a shared decision making process on early detection for prostate cancer.
- **IF** the man chooses to be tested, **both** a PSA and a DRE should be done.

When an early detection test or biopsy results are indicative of prostate cancer, refer men and family members to:

- The Michigan Cancer Consortium decision aid “Making the Choice: Deciding What to Do About Early Stage Prostate Cancer,” which is available free of charge at www.prostatecancerdecision.org or by calling 800-249-0314.

