

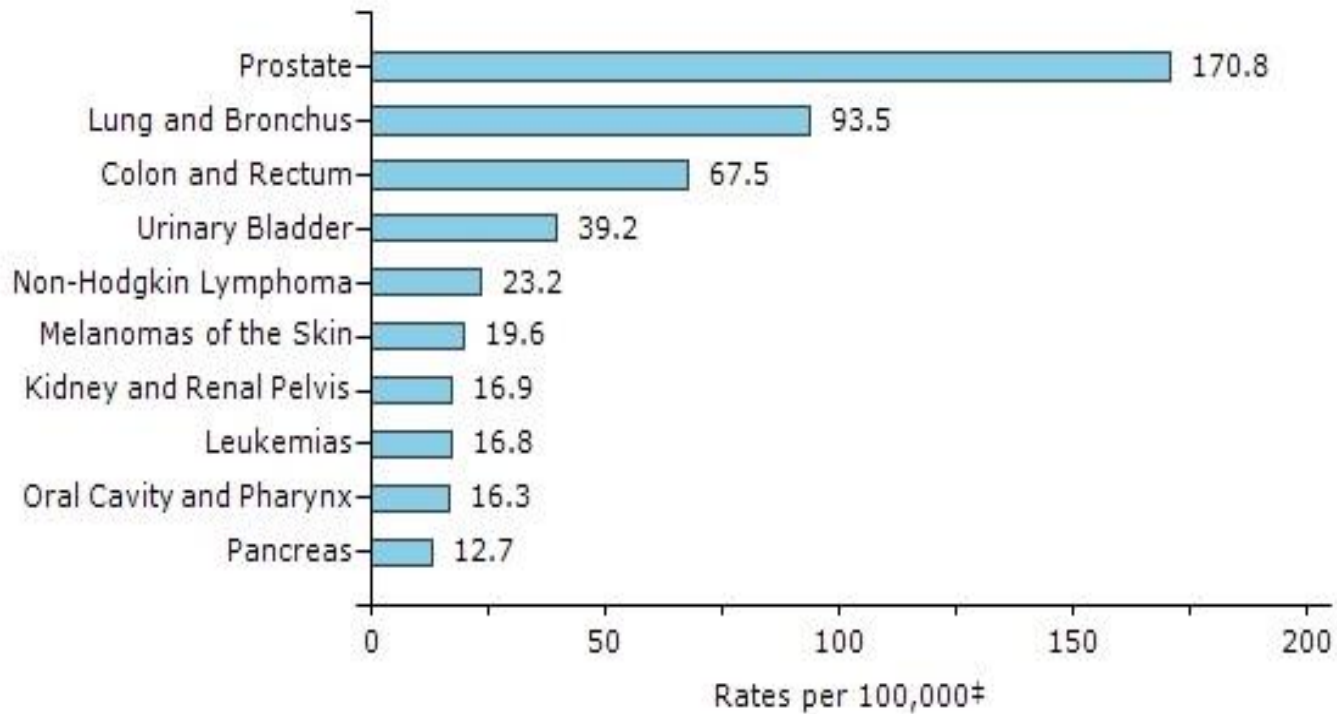
Contemporary Prostate Cancer Screening

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History and Epidemiology of Prostate Cancer

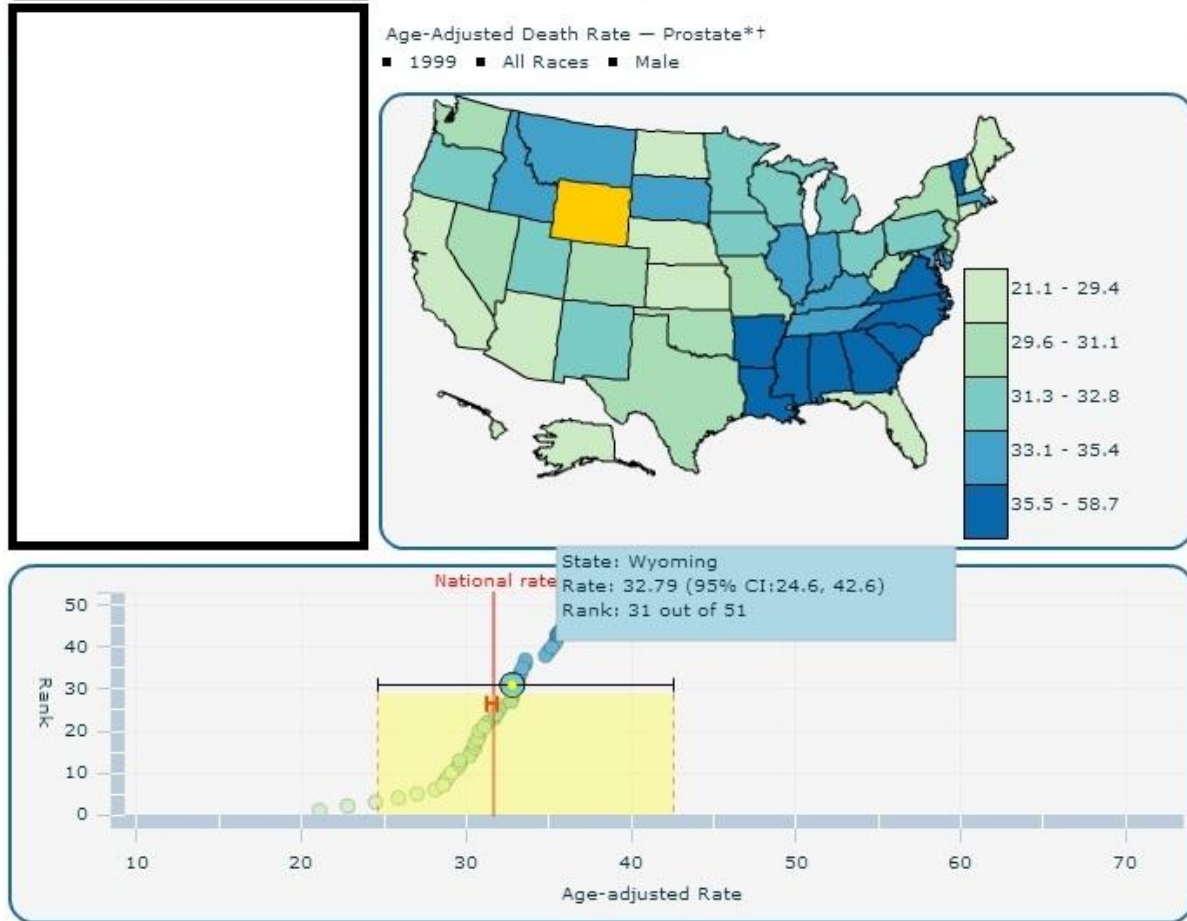
Top 10 Cancer Sites: 1999, Male, United States—All Races



Historical Prostate Cancer Mortality

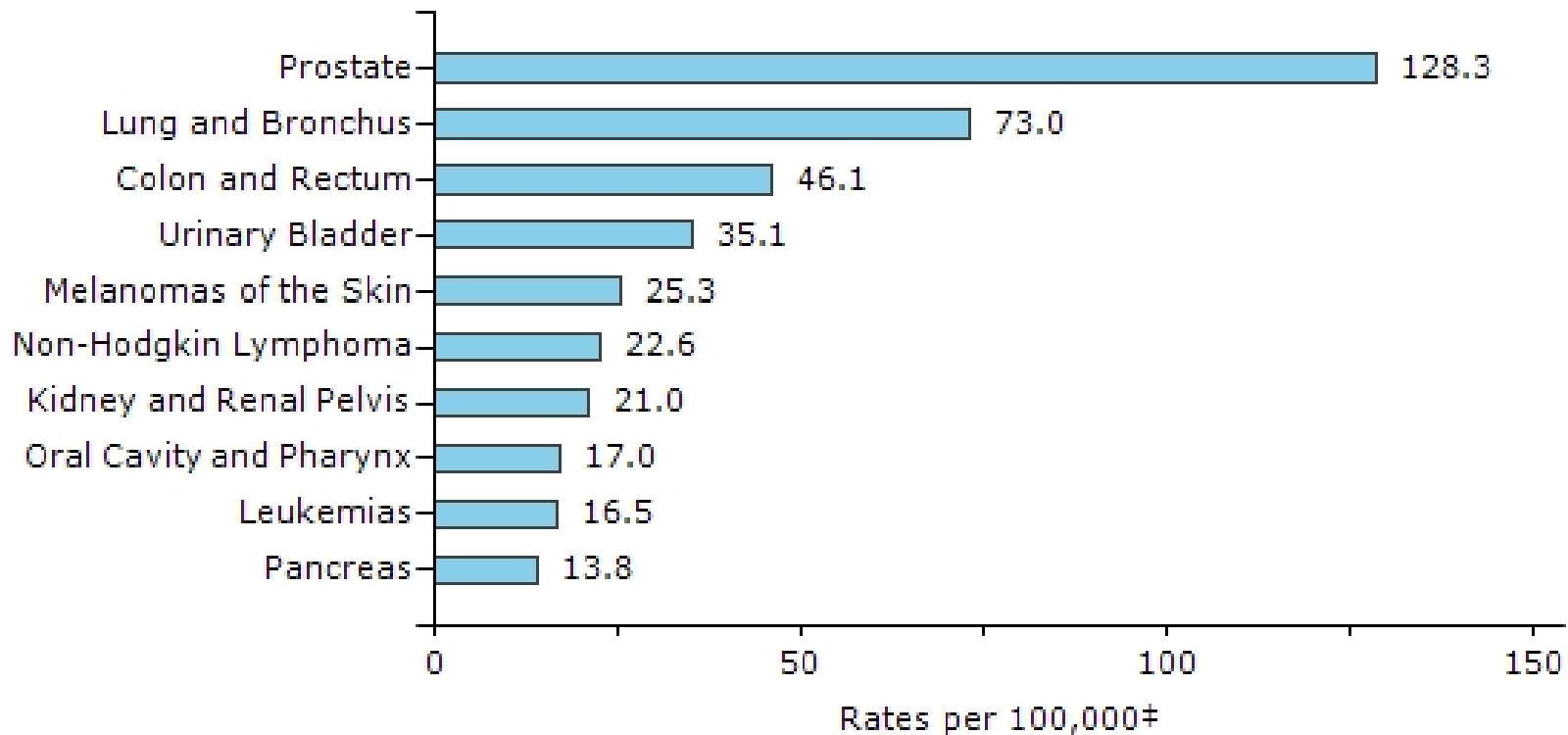


U.S. Cancer Statistics: An Interactive Atlas



Epidemiology of Prostate Cancer

Top 10 Cancer Sites: 2011, Male, United States—All Races



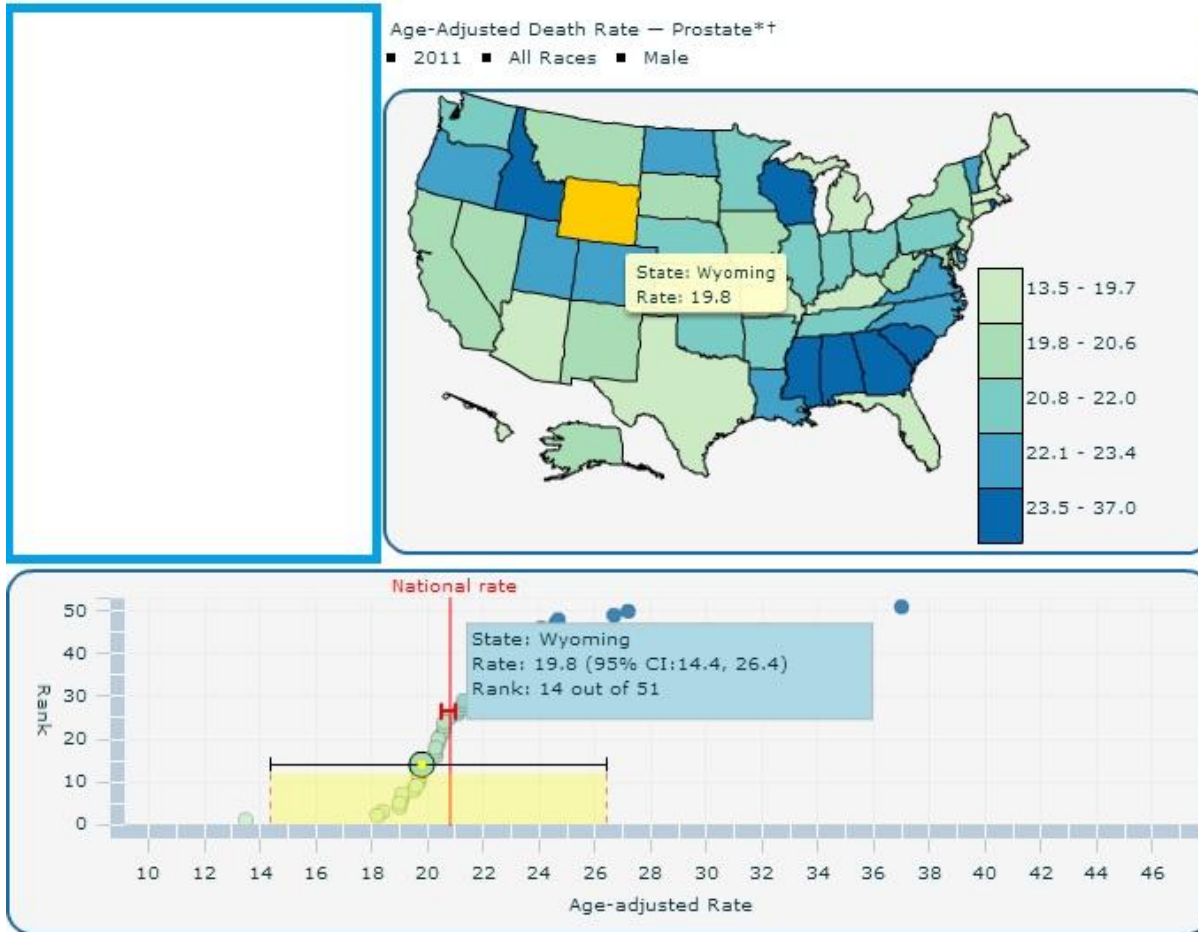
Prostate Cancer Mortality

CDC Home



Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

U.S. Cancer Statistics: An Interactive Atlas



Prostate Cancer Screening

- Digital Rectal Exam
- Prostate specific antigen

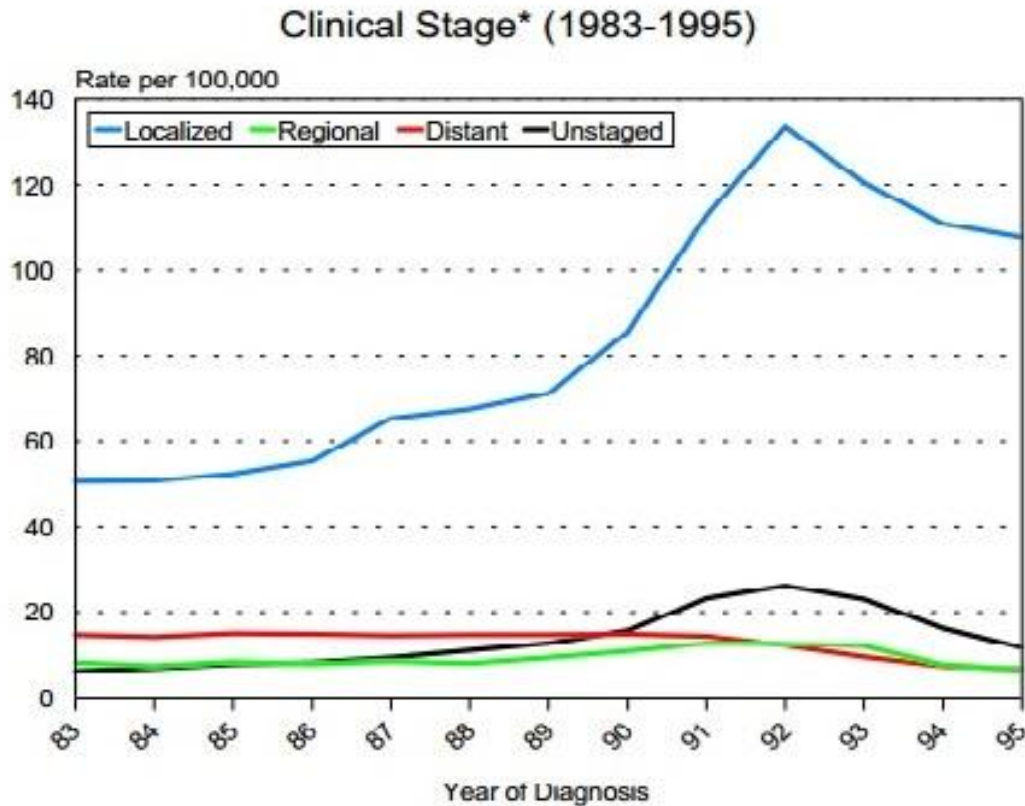
What is PSA

- Prostate Specific Antigen
 - Human kallikrein 3: serine protease release in semen
 - Liquefy semen following coagulation of the ejaculate following emission

History of Prostate Specific Antigen

- FDA Approval
 - 1986 to monitor progression
 - 1994 PSA in conjunction with digital rectal exam for asymptomatic men

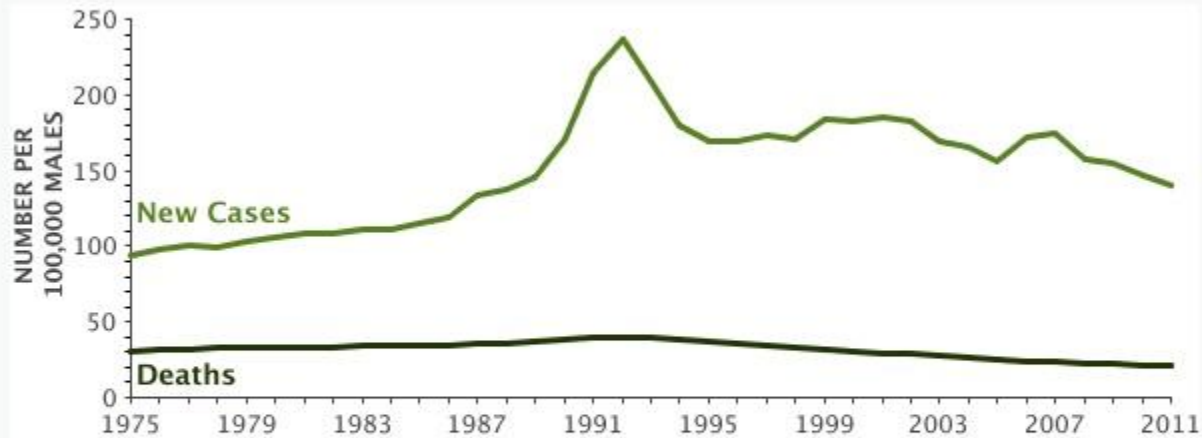
Advent of the PSA Screening Era



Advent of the PSA Screening Era

New Cases, Deaths and 5-Year Relative Survival

[View Data Table](#)



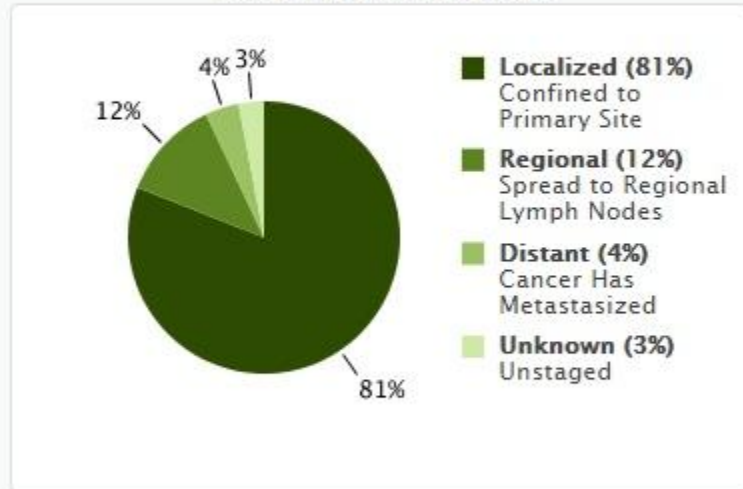
Year	1975	1980	1985	1990	1994	1998	2002	2006
5-Year Relative Survival	66.0%	70.2%	75.0%	88.5%	94.6%	98.2%	99.8%	99.6%

SEER 9 Incidence & U.S. Mortality 1975-2011, All Races, Males. Rates are Age-Adjusted.

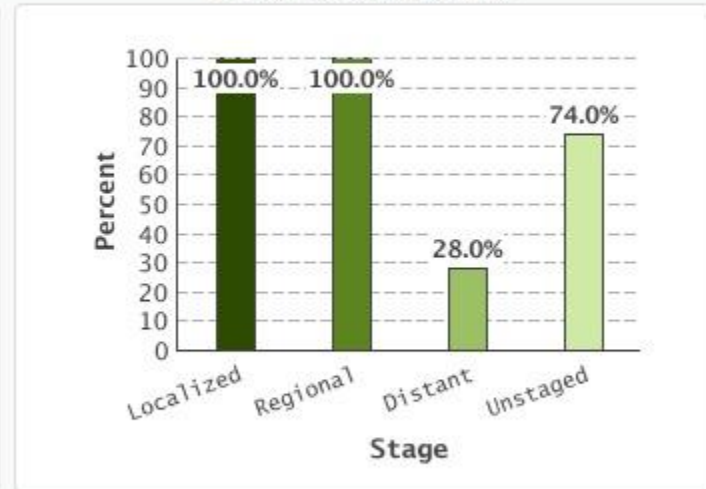
Mortality by Stage

Percent of Cases & 5-Year Relative Survival by Stage at Diagnosis: Prostate Cancer

Percent of Cases by Stage



5-Year Relative Survival



SEER 18 2004-2010, All Races, Males by SEER Summary Stage 2000

U.S. Preventive Services Task Force 2012

Prostate Cancer: Screening

Release Date: May 2012

Recommendation Summary

Population	Recommendation	Grade (What's This?)
Men, Screening with PSA	The U.S. Preventive Services Task Force (USPSTF) recommends against prostate-specific antigen (PSA)-based screening for prostate cancer.	D

U.S. Preventive Services Task Force

Breast Cancer: Screening

Release Date: November 2009



This topic is in the process of being updated. Please go to the [Update](#) link to view the latest documents available.

Recommendation Summary

Summary of Recommendations

Population	Recommendation	Grade (What's This?)
Women, Age 50-74 Years	The USPSTF recommends biennial screening mammography for women 50-74 years.	B
Women, Before the Age of 50 Years	The decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient's values regarding specific benefits and harms.	C
Women, 75 Years and Older	The USPSTF concludes that the current evidence is insufficient to assess the benefits and harms of screening mammography in women 75 years and older. Go to the Clinical Considerations section for information on risk assessment and suggestions for practice regarding the I statement.	I
All Women	The USPSTF recommends against <i>teaching</i> breast self-examination (BSE).	D
Women, 40 Years and Older	The USPSTF concludes that the current evidence is insufficient to assess the additional benefits and harms of clinical breast examination (CBE) beyond screening mammography in women 40 years or older.	I

U.S. Preventive Services Task Force

Human Immunodeficiency Virus (HIV) Infection: Screening

Release Date: April 2013

Recommendation Summary

Summary of Recommendations and Evidence

Population	Recommendation	Grade (What's This?)
Adolescents and Adults 15-65 Years Old	<p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.</p> <p>Go to the Clinical Considerations for more information about screening intervals.</p>	A
Pregnant Women	<p>The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.</p>	A

Cochrane Review

- Published 2013
- No cancer specific mortality benefit in 2 of the five studies
- European trial w/ demonstrated 21% relative reduction risk

European Randomized Screening at 13 year follow-up

- 13 year follow-up reported December of 2014
 - 162,387 men from 7 European countries
 - Reduction in death of 1 per 781 men(95% CI 490-1929)
 - 1 per 27(CI 17-66) cancer detected
 - Reduction in mortality for screened men .73(CI .61-.88)

Swedish Trial of Prostatectomy versus Observation

- 15 year Data
- Number needed to treat 15 to prevent cancer death
 - For men <65 years of age number needed to treat 7
- Local progression
 - Surgery 21.5 %
 - Observation 49.3%

American Urology Association Recommendations

- Men aged 50-70
- Annual to biannual PSA
- Annual DRE

European Prostate Screening Recommendations

- Men with 10-15 year life expectancy
- High risk men earlier

Summary

- PSA screening has likely led to improved survival and decreased mortality and morbidity of prostate cancer
- Treatment and management of prostate cancer has known side effects that need to be addressed and case-by-case basis