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The PSA blood test for prostate cancer

When men need it—and when they don't

For years, doctors have used a PSA blood test to screen men for prostate cancer. The test measures a protein made by the prostate gland, called a prostate-specific antigen (PSA). But the PSA test can do more harm than good. Here's why:

The test is often not needed.

Most men with high PSAs don't have prostate cancer. Their high PSAs might be due to:

- An enlarged prostate gland.
- A prostate infection.
- Recent sexual activity.
- A recent, long bike ride.

Up to 25% of men with high PSAs may have prostate cancer, depending on age and PSA level. But most of these cancers do not cause problems. It is common for older men to have some cancer cells in their prostate glands. These cancers are usually slow to grow. They are not likely to spread beyond the prostate. They usually don't cause symptoms, or death.

Studies show that routine PSA tests of 1,000 men ages 55 to 69 prevent one prostate cancer death. But the PSA also has risks.



There are risks to getting prostate cancer tests and treatments.

If your PSA is not normal, you will probably have a biopsy. The doctor puts a needle through the wall of the rectum and into the prostate to take a few samples. Biopsies can be painful and cause bleeding. Men can get serious infections from biopsies, and they may need hospital care.

Tips for deciding about the PSA test

Should you have a PSA test?

There is no good evidence that routine screening in low-risk men saves lives. Consumer Reports agrees with the U.S. Preventive Services Task Force that screening low-risk men for prostate cancer does more harm than good.

Talk to your doctor.

- If you are between the ages of 50 and 75, you should talk to your doctor about routine testing.
- Look at both the pros and the cons.
- Together, you should decide whether or not to get a PSA test.
- Remember that the PSA test may be helpful for high-risk men.

Consider your risks.

The PSA test is most useful for checking on patients who already have prostate cancer. This includes men who had surgery or radiation.

Doctors also use the PSA test to check on men who have chosen “watchful waiting.” These men have low-risk prostate cancer. These cancers usually spread slowly and do not cause death.

Many men choose watchful waiting instead of treatment, because the side effects of treatment can be serious. If the PSA test result shows a change, the doctor can start treatment.



Surgery or radiation are the usual treatments for prostate cancer. They can do more harm than good. Treatment can cause serious complications, such as heart attacks, blood clots in the legs or lungs, or even death. In addition, 40 men out of 1,000 will become impotent or incontinent from treatment.

Screenings can lead to high costs.

The cost for a PSA test is fairly low—about \$40.

If your result is abnormal, the costs start adding up. Your doctor will usually refer you to a urologist for a biopsy. Costs may include:

- A consultation fee (up to \$350).
- An ultrasound fee (about \$150).
- Additional professional fees (up to \$200).
- Biopsy fees (about \$500).

If the biopsy causes problems, there are more costs. You might also have hospital costs.

When is a PSA test needed?

If you are age 50 to 74, you should discuss the PSA test with your doctor. Ask about the possible risks and benefits.

Men under 50 or over 75 rarely need a PSA test, unless they have a high risk for prostate cancer.

- You are more likely to get prostate cancer if you have a family history of prostate cancer, especially in a close relative such as a parent or sibling.
- Your risks are higher if your relative got prostate cancer before age 60 or died from it before age 75. These early cancers are more likely to grow faster.
- If you have these risks, you may want to ask your doctor about getting the PSA test before age 50.

This report is for you to use when talking with your health-care provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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