Prostate Cancer Screening

Phillip Koo:

Hi, I'm Phillip Koo from the Prostate Cancer Foundation, and today we're going to be talking about prostate cancer screening. And in a recent survey we conducted in men across the country, what we realized is that there's a lot of misinformation with regards to when and how to get screened for prostate cancer. And to help explain all of this to us, we have Dr. Zach Klaassen from the Medical College of Georgia. So Zach, thank you very much for joining us.

Dr. Zach Klaassen:

Always good to chat with you, Phil.

Phillip Koo:

So let's start off by talking about when men should get their PSA test.

Dr. Zach Klaassen:

Great question. And a lot of numbers out there, I think in general, earlier is better than later. And so I think in my clinic, typical risk men, Caucasian, white, 45 to 50 is about the right number. We know from historically and just in our clinical practice that black men or African-American men are at higher risk of more aggressive prostate cancer. And so the PCF did a great job a couple of years ago coming out with a specific guideline for screening black men. And that number's about 45, 40 to 45. But this whole changes if you have a strong family history. And so if you have several uncles, a brother, your father, that age comes back down. So I always tell men, if your dad was diagnosed at 43, you probably should have your offspring being tested at 33 or 35. So moving 10 years before that first diagnosis.

Phillip Koo:

That's great. So sort of figure out what category you fall in and then follow those types of recommendation. So this is wonderful with regards to when to start getting PSA. There's a lot of confusion with regards to when to stop getting the test because there's various recommendations out there for that as well, which a lot of patients assume you just keep getting it for life.

Dr. Zach Klaassen:

Yeah.

Phillip Koo:

Explain that to us.

Dr. Zach Klaassen:

It's hard to sort of say, "Hey, we're not checking it anymore." But I think generally, if you look at the American Urologic Association guidelines, 70 to 75, it's hard to put a number on people and say, "We're not checking it anymore because you're getting old." I like to look at it as a shared decision making with your life expectancy is important too. If you have multiple medical conditions and you're on dialysis or you're on oxygen and we don't think benefit of screening is there, less than 10 years of life expectancy, that's probably where we start to tail off on the PSA screening. So we may not cut it off completely. We may check it every other year. And I think that's important too. It's hard to have a conversation that

we're just not going to check this anymore. Generally speaking though, we know that if the PSA's been normal and you get into your late 70s or your health is declining, prostate cancer is probably not going to be the issue that leads to your mortality.

So it's a very nuanced decision, there's no perfect recommendation. And this is where having a conversation and figuring out patient goals is really important.

Phillip Koo:

Right. So to summarize, it sounds like, all right, if your life expectancy is less than 10 years, you probably can stop getting that test. But if it's longer, then yeah, you have more years, so keep getting-

Dr. Zach Klaassen:

If you're in your early 70s and you're running marathons, you're playing golf five times a week, you probably live to 90, 95. So we'll keep screening because there's a benefit to that situation.

Phillip Koo:

Great. Would love to keep playing golf if possible.

Dr. Zach Klaassen:

Me too, especially at 95.

Phillip Koo:

All right. So oftentimes this PSA test is being ordered and conducted in a primary care office.

Dr. Zach Klaassen:

Yes.

Phillip Koo:

How exactly is the test done and is that digital rectal exam, that finger in the rectum required?

Dr. Zach Klaassen:

If all the primary care physicians were getting PSAs, we'd be delighted. I don't want men to not get prostate cancer screening because they're afraid of a digital rectal exam. And that's basically with lubrication, feeling the prostate with our finger, getting idea if there's lumps or bumps, get an idea with sizes. That's a discussion we can have once they get to us. The urologists see the patients after they come to us with an elevated PSA. We can talk about whether we need to do that, but getting the PSA screening with the primary care physician is without a doubt the most important step. It's step one. And so I think the message is don't be afraid to get PSA screened because of the potential of a digital rectal exam.

Phillip Koo:

All right. So get your PSA blood test with your primary care doc. If it's abnormal, you're referred to a urologist and they could sort of take the ball from there.

Dr. Zach Klaassen:

Correct.

Phillip Koo:

All right. So a scenario that I often hear often is that patients hear that they should be getting PSA tests. They go visit their primary care doc and the primary care provider says, "You know what, you don't need it." The recommendations say you don't need to bother with that test. What advice do you have for our patients with regards to that scenario?

Dr. Zach Klaassen:

It's a tough scenario because you really have to be an advocate for your own health. And I think if we look at the primary care physicians, they're seeing patients for all sorts of things, blood pressure, diabetes, obesity, cholesterol, screening for colon cancer, prostate cancer. They take their recommendations from a little different than what we take them from as urologists. So they're, as you mentioned, the USPSTF task force, a little more lukewarm on PSA screening and the benefits. Certainly as urologists, we know that if we can treat this early, this is going to benefit in the long term on the back end of somebody's life. So it's hard to convince a physician to do something, but they're getting labs once a year for all sorts of stuff. If you're an advocate, you can easily keep pushing to get that PSA done. Now, if that doesn't work, then there's other options, maybe find a new primary care provider, requesting a referral to a urologist just to sort of get things rolling. But it's tough. I mean, this really involves being an advocate for your health, which is important for all sorts of reasons.

Phillip Koo:

I think that's a really good point. And what we're learning is the patients, their caregivers, their family members, their partners, spouses, whoever it might be, really need to be advocates for their own healthcare, which is such a powerful tool. So how often is a PSA test negative, but you still have prostate cancer?

Dr. Zach Klaassen:

It's pretty rare. I mean, there's nothing like a 0% in medicine or 100% in medicine. But we know the majority of prostate cancers will be associated with an elevated PSA. There's still some you find that a PSA is lower and there's higher risk disease, but a really low PSA in prostate cancer is pretty rare. So I think, again, this is just get in the door, know what your number is, and then if you need an appropriate referral, the majority of men will have an elevated PSA at the time of their prostate cancer diagnosis.

Phillip Koo:

Great. And that interval of PSA testing, oftentimes it's one year. Is that sufficient? Are there ever cancers that might sort of sneak in that one year period?

Dr. Zach Klaassen:

Generally, if your PSA is in the normal range, one year's perfect. I think I talk a lot to my patients about the rise over time or PSA velocity. Is it going up quickly? I'm more concerned if the velocity's going up quicker than what the absolute number is, because that tends to maybe suggest there's prostate cancer there. But for the majority of men, annual testing is just fine.

Phillip Koo:

Great. Any other last thoughts that you have for our listeners out there?

Dr. Zach Klaassen:

Yeah, I think part of screening is knowing your family history as well. And so we know family history of a prostate cancer certainly is a risk factor for you having prostate cancer. But there's other gene defects beyond the scope of this conversation that are important to know what that family history is. So knowing if ovarian or breast cancer runs in your family, pancreatic cancer, because some of those can be associated with prostate cancer as well. So be an advocate for your health, know when you should be getting screened, but also know your family history because that may change your risk profile as well.

Phillip Koo:

Well, thank you very much, Zach. I learned a lot. And as always, appreciate this, until next time.

Dr. Zach Klaassen:

Absolutely. Always enjoy it, Phil. Thanks.