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Goshen Center for
Cancer Care

Prostate cancer: Changes in PSA recommendations

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Prostate cancer is the second most common cancer in American men, second only to skin cancer, according to the American Cancer Society. Deaths due to prostate cancer are estimated at about 11 percent of cancer deaths in the U.S. male population.

The rate of prostate cancer deaths, which had been in decline for two decades, had stabilized in recent years. However, we're beginning to see an increase in prostate cancer incidence and deaths.

The reason is that PSA testing became the screening standard for men in the late 1980s and early 1990s due to the advent of prostate specific antigen (PSA) screening capabilities. While this led to a dramatic uptick in prostate cancer diagnoses and enhanced early detection, it also meant millions of men underwent biopsies and various invasive procedures to determine if there was a tumor. For some, these procedures involved detrimental side effects. For providers and their patients, the challenge is balancing these side effects against the potentially life-saving early detection of prostate cancer.

Screening guidelines are evolving

Concerns about the negative consequences of excessive diagnoses of prostate cancer led many cancer care organizations to reevaluate their recommendations. Most notably, the U.S. Preventive Services Task Force (USPSTF) revised their recommendations dramatically to no longer recommend PSA screening for anyone under age 55 or over 70. Screening for men between 55 and 69 years should be an individual decision after discussing the potential benefits and harms with their clinician.

While most cancer care organizations have similarly relaxed guidelines, there are some differences. The outline below highlights the primary recommendations of the American Urologic Association, the National Comprehensive Cancer Network, the American Cancer Society and the American Academy of Family Physicians.

2020 Guidelines: Moving Toward Consensus

- **AUA:** shared decision making (SDM) for men 55-70; no recommendation for 40-54; recommend against for >70; no specific rec for Af-Am men
- **NCCN:** SDM for men 45-75, start "several years earlier" for Af-Am men
- **ACS:** SDM for most men starting age 50; earlier baseline (40 or 45) if risk factors including Af-Am
- **USPSTF and AAFP:** SDM for men 55-69; recommend against for >70. No recs for Af-Am

Certain demographic segments necessitate more robust testing

There are, however, some exceptions to the relatively broad guidelines of the USPSTF and the other cancer care organizations. Those exceptions involve certain demographic groups considered to be at higher risk of prostate cancer. These groups include African American men and individuals with a family history of metastatic or lethal adenocarcinomas spanning multiple generations, especially first-degree relatives.

Guidelines used by Memorial Sloan Kettering Cancer Center

We have found the guidelines on prostate screening from Memorial Sloan Kettering Cancer Center to be most helpful. Here are some of their primary guidelines:

Men aged 45 to 59

- Men 45 to 49 should have a baseline PSA test while those 50 to 59 should have their PSA level checked.
- If the PSA level is 3 ng / mL or higher, men should talk with their doctor about having a biopsy of the prostate.
- If the PSA level is between 1 and 3 ng / mL, men should have another PSA test every two to four years.
- If the PSA level is less than 1 ng / mL, men 45 to 49 should have another PSA test at age 50; men 51-59 should have another PSA test at age 60.

Men aged 60 to 70

- Men ages 60 to 70 should have their PSA level checked.
- If the PSA level is 3 ng / mL or higher, men should talk with their doctor about having a biopsy of the prostate.
- If the PSA level is between 1 and 3 ng / mL, men should have another PSA test every two to four years.
- If the PSA level is less than 1 ng / mL, no further screening is recommended.

To refer a patient to Goshen Center for Cancer Care, call (574) 364-2973.



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What healthcare providers need to know

Men aged 71 to 75

- Men ages 71 to 75 should talk with their doctor about whether to have a PSA test. This decision should be based on past PSA levels and the health of the man.

Men aged 76 and older

- Prostate cancer screening is not recommended for men ages 76 or older. A high PSA level does not generally mean a man should have a prostate biopsy. A doctor will often repeat the PSA test after a few months to determine if the PSA level is still high and investigate whether something other than cancer could explain the increase.

These evolving guidelines provide us with important insights as to the role of PSA screenings and prostate health. Knowing these guidelines and applying them in a shared decision-making context is perhaps the ideal scenario – while also providing your patients with greater peace of mind. The oncology team at Goshen Center for Cancer Care stands ready to provide additional assistance as you may deem appropriate.

Employing artificial intelligence to improve prostate cancer treatments

Goshen Center for Cancer Care has offered Ethos Therapy since the end of 2020 as one treatment option for prostate cancer. Using adaptive artificial intelligence, Ethos™ Therapy offers an enhanced treatment planning process and more precise calculations for tumor targeting. Our research showed this adaptive planning provides better coverage of the prostate and seminal vesicles.

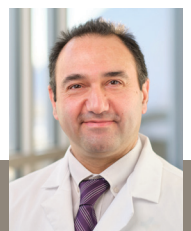
Adjustments needed for tumor changes during treatment can be initiated by Ethos™ Therapy in minutes, rather than days. The therapy improves patient comfort by providing a quieter and shorter radiation experience in a more open machine.

Ethos™ Therapy can also be used for tumors in the pelvis and lower abdomen (rectal, cervical and uterine cancers); head and neck; and in the extremities (certain sarcomas).

Irina Sparks, MD, is a board certified radiation oncologist at Goshen Center for Cancer Care. She specializes in advanced and highly targeted radiation techniques such as Stereotactic Radiation Surgery (SRS), Stereotactic Body Radiation Therapy (SBRT) and High Dose Rate (HDR) Brachytherapy.



Houman Vaghefi, MD, MS, PhD, is a board certified radiation oncologist at Goshen Center for Cancer Care. His expertise extends across a wide range of cancers, including prostate, colorectal, breast, lung, head and neck cancers and CNS malignancies; as well as gynecologic, gastrointestinal and genitourinary malignancies and rare tumors.



TO REFER A PATIENT

Goshen Center for Cancer Care provides holistic, complete care for patients. To refer a patient, call (574) 364-2973 or visit GoshenCancerProviders.com.