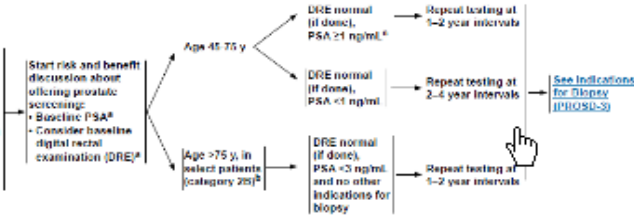


BASELINE EVALUATION

RISK ASSESSMENT

EARLY DETECTION EVALUATION

- History and physical (H&P) including:
 - Family history
 - Medications
 - History of prostate disease and screening, including prior PSA and/or isotretinoin, exome, and biopsies
 - Race



*The best evidence supports the use of serum PSA for the early detection of prostate cancer. DRE should not be used as a stand-alone test, but should be performed in those with an elevated serum PSA. DRE may be considered as a baseline test in all patients so it may identify high-risk cancers associated with "normal" serum PSA values. Medications such as 5 α -reductase inhibitors (finasteride and dutasteride) are known to decrease PSA by approximately 50%, and PSA values in these men should be corrected accordingly.

†Testing above the age of 75 years of age should be done with caution and only in very healthy men with little or no comorbidity as a large proportion may harbor cancer that would be unlikely to affect their life expectancy, and screening in the population would substantially increase rates of over-detection. However, a clinically significant number of men in this age group may present with high-risk cancers that pose a significant risk if left undetected until signs or symptoms develop. One could consider increasing the PSA threshold for biopsy in this group (ie, ≥ 4 ng/mL). Very few men above the age of 75 years benefit from PSA testing.

‡The reported median PSA values for men aged 40–49 y range from 2.0–2.7 ng/mL, and the 75th percentile values range from 3.7–4.9 ng/mL. Therefore, the PSA value of 4.0 ng/mL selects for the upper range of PSA values. Men who have a PSA above the median for their age group are at a higher risk for prostate cancer and for the aggressive form of the disease. The higher above the median, the greater the risk. Finally, men at age 90 years with a serum PSA < 1.0 ng/mL have a very low risk of metastases or death due to prostate cancer. Similarly, a cut point of 3.0 ng/mL at age 75 years also has a low risk of such outcomes.

Note: an asterisk indicates an category 2B recommendation.
Clinical Note: NCCN believes that the best management of any cancer patient is in a clinical trial. Participation in clinical trials is especially encouraged.