

## Men Not Adequately Involved in Discussions About Prostate Cancer Screening

### Introduction

Despite recommendations from many professional organizations, doctors are not giving patients key information about prostate cancer screening. The American College of Physicians, American Urological Association, and American Cancer Society recommend doctors discuss the risks, benefits, alternatives, and uncertainties of prostate cancer screening, specifically the prostate-specific antigen (PSA) test, with patients. The U.S. Preventive Services Task Force (USPSTF) recommends against using PSA testing to screen for prostate cancer.

There has been controversy about screening with PSA for many years, and the USPSTF began updating its recommendations in 2015. In 1986, the U.S. Food and Drug Administration (FDA) approved PSA testing to screen for prostate cancer; eight years later, FDA also approved PSA as a screening tool, with a digital rectal exam, for asymptomatic men. However, the results of screening men based on age alone have been mixed. Some men with higher PSA levels—considered a sign of prostate cancer—were later found to be cancer free, whereas men with lower PSA levels were later diagnosed with prostate cancer.

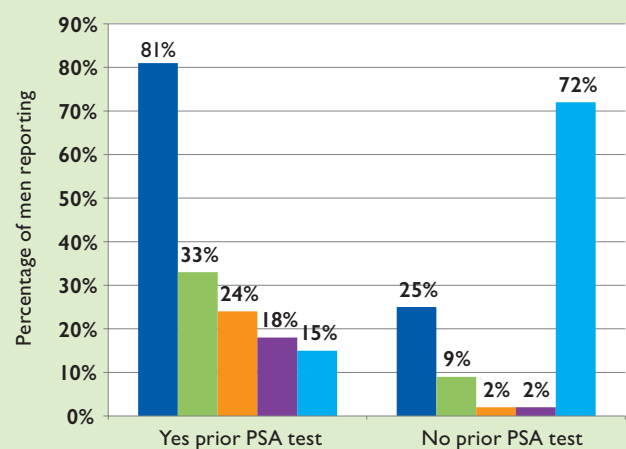
Several studies, such as the Prostate, Lung, Colorectal, and Ovarian (PLCO) Cancer Screening Trial and the European Randomized Study of Screening for Prostate Cancer (ERSPC), have looked at the benefits of prostate cancer screening tests such as PSA. The PLCO study found PSA tests were not beneficial, in that many men were unnecessarily treated; however, ERSPC found that screened men were slightly less likely to die of the disease.

Most professional organizations now recommend doctors discuss the risks, benefits, limitations, and uncertainties of PSA screening with patients before testing. This in-depth communication is often called shared decision making (SDM) or informed decision making.

### Quick Facts

- The PSA test was originally developed to track prostate cancer progression in previously diagnosed men. Its effectiveness as a screening tool in asymptomatic men is unclear.
- Professional organizations recommend health providers discuss the risks and benefits of prostate cancer screening with patients before ordering a PSA test.
- Of men ages 50–74 who received a PSA test, 29% said their doctor told them the test was optional, and 8% said their doctor told them it was unclear whether a PSA test actually saves lives.
- Age, race/ethnicity, and education level have been significantly associated with whether a provider communicates that PSA testing is optional.

### Comparison of shared decision making about PSA testing, by testing status



- Told that they could choose whether or not to have a PSA test
- Told that some doctors recommend the test and others do not
- Told that no one is sure if using the PSA test saves lives
- Told all three things
- Told none of those things

In this HINTS Brief, we examine whether men ages 50–74 with no prior history of prostate cancer are receiving the information they need about prostate cancer screening to make informed decisions.

## Doctors Don't Always Discuss the Uncertainty of PSA Testing

In a recently published study using HINTS data, investigators found that health care providers are not giving men sufficient information about PSA testing to make informed decisions. The benefit of using a PSA test to screen for prostate cancer is unclear, yet doctors are not communicating that uncertainty to patients.

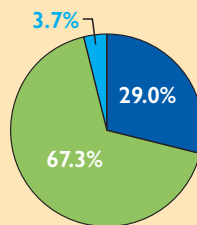
## Age, Race/Ethnicity, Education of Patients Significantly Associated with Receiving PSA Information

Investigators examined whether patients' demographic factors, such as age, race/ethnicity, marital status, household income, education, health insurance status, access to regular health care, urban versus rural residence, and family history of cancer, were associated with SDM about prostate cancer. They found that age, race/ethnicity, and education were significantly associated with whether doctors told patients that PSA testing was optional. For example, men ages 50–59 and 60–69 were significantly less likely to be told that a PSA test was optional than men ages 70–74, as were black men compared to white men, and men with high school degrees or some college compared to men with a bachelor's degree or higher.

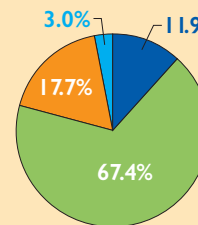
Patients' education and race/ethnicity were associated with being informed about the uncertainty around whether PSA testing saves lives. Specifically, men with some college education were significantly less likely to receive this information from providers than those with a bachelor's degree or higher, as were black men compared to white men.

Reasons health care providers have cited for not sharing PSA testing information with patients were lack of time, forgetfulness, patient health literacy, language barriers, fear of liability, impracticality, and the belief it would not influence a patient's decision about testing.

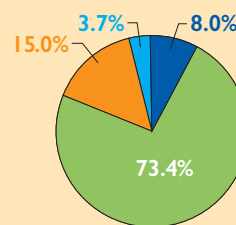
Approximately 30 percent of men previously tested were told a PSA test was optional.



Approximately 12 percent of men were told by a provider or other health care professional that only some doctors recommend the PSA test.



Only 8 percent of men were told it is unclear whether a PSA test actually saves lives.



■ YES ■ NO ■ NOT SURE ■ MISSING DATA

## How Can This Inform Your Work?

Many health care providers are not giving patients enough information about PSA testing to make informed decisions. Health communication practitioners could develop training materials to help providers discuss risk, explain contrary information, and involve patients in decision making. Materials could include fact sheets, slide sets, and online or video-based tutorials.

Additional educational materials are also needed for patients. Decision aids, which are designed to help patients have more effective discussions with their health care providers, could help teach patients about PSA testing.

## About HINTS

[hints.cancer.gov](http://hints.cancer.gov)

The National Cancer Institute (NCI) created the Health Information National Trends Survey (HINTS) to monitor changes in the rapidly evolving field of health communication. The survey data can be used to understand how adults use communication channels to obtain health information for themselves and their loved ones. It can also help practitioners create more effective health communication strategies.

NCI fielded the first HINTS survey in 2002–2003, surveying 6,369 Americans. Subsequent surveys followed in 2005 (5,586 Americans surveyed), 2008 (7,674 Americans surveyed), 2011–2012 (3,959 Americans surveyed), 2012–2013 (3,630 Americans surveyed), 2013 (3,185 Americans surveyed), 2014 (3,677 Americans surveyed), and 2015 (3,787 Americans surveyed).

HINTS Briefs provide a snapshot of noteworthy, data-driven research findings. They introduce population-level estimates for specific questions in the survey and summarize significant research findings resulting from analyses of how certain demographic characteristics influence specific outcomes. Many Briefs summarize research findings from recent peer-reviewed journal articles that have used HINTS data.

## For More Information on Cancer

- Call the NCI Cancer Information Service at 1-800-4-CANCER
- Visit <http://cancer.gov>
- Order NCI publications at <https://pubs.cancer.gov/ncipl/home.aspx>
- Visit [Facebook.com/cancer.gov](https://www.facebook.com/cancer.gov) and <http://www.youtube.com/ncigov>

## References Used in This HINTS Brief

- Leyva B, Persoskie A, Ottenbacher A, et al. Do men receive information required for shared decision making about PSA testing? Results from a National Survey. *J Canc Educ*. 2015 Oct 26. doi: 10.1007/s13187-015-0870-8.
- Prostate-Specific Antigen (PSA) Test. National Cancer Institute. Retrieved from <http://www.cancer.gov/types/prostate/psa-fact-sheet>
- Prostate Cancer: Screening. U.S. Preventive Services Task Force. Retrieved from <http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/prostate-cancer-screening?ds=1&s=prostate%20cancer>



NATIONAL CANCER INSTITUTE  
Division of Cancer Control  
& Population Sciences