Prostate Cancer Screening Clinic Checklist

This resource was developed by the American Cancer Society National Prostate Cancer Roundtable to support clinicians in conducting prostate cancer screening. The document outlines key steps and considerations for clinicians at different stages of the screening process and follow-up.

1



Determine Patient Eligibility

- [ ] Patient with a prostate
- [ ] Age ≥40 years (to be adjusted according to risk factor)
- [ ] Life expectancy ≥10 years

2



Informed Decision-Making: Introduce Prostate Cancer Screening

- [ ] Use a script, visuals, or handouts as needed
- [ ] Discuss the purpose of screening and the value of an initial risk assessment
- [ ] Emphasize that screening relies on PSA testing rather than DRE, and that increased PSA levels don't equal a prostate cancer diagnosis
- [ ] Review the benefits and potential harms of prostate cancer screening
- [ ] Assess patient values and preferences
- [ ] Ensure to integrate care coordination and patient navigation across all the screening and follow-up journey
- [ ] Document patient decision

3



Assess the Patient's Risk Factors and Clinical Status

- [ ] Record age, race, and ethnicity
- [ ] Ask about family history of prostate and other related cancers
- [ ] Inquire about personal and first-degree relative history of hereditary cancer mutations (e.g., BRCA1/2)
- [ ] Question about personal or first-degree relative history of prostate cancer-associated genetic syndromes (e.g., Lynch Syndrome)
- [ ] Register prior PSA testing or prostate biopsy if have done
- [ ] Record comorbidities affecting screening benefit
- [ ] Based on history, classify the patient as high or average risk

4



Share Risk Level and Tailor Guidance

- [ ] Explain the patient's risk level and implications for screening
- [ ] Personalize screening (PSA test indication) according to age and risk
- [ ] Address concerns or misconceptions
- [ ] Refer to a genetic counselor if needed
- [ ] Provide educational materials and follow-up contact information
- [ ] Document the discussion and recommendations

5



Post-PSA Risk Stratification

- [ ] Discuss PSA results and implications with your patient
- [ ] Low PSA – continue with routine follow-up per guideline interval according to patient risk and age
- [ ] Elevated PSA – order a confirmatory PSA test
- [ ] Review family and personal history regularly for change
- [ ] Adjust screening interval based on evolving risk
- [ ] Document the discussion and recommendations

6



Next Clinical Steps if High PSA is Confirmed

- [ ] Conduct informed decision-making for prostate biopsy
- [ ] Explain that the decision to proceed to biopsy is informed by combined risk assessment rather than PSA alone
- [ ] Include information about the possibility of active surveillance or treatment in case of positive results
- [ ] Consider referral to a urologist or ordering adjunctive optional tests to refine risk and inform biopsy decisions (prostate MRI, biomarker testing, and/or risk assessment by a risk calculator). Note: Referral thresholds and workflows are system-dependent and should align with local urology capacity and practice agreements.
- [ ] Explain that screening is not discontinued solely due to a negative biopsy
- [ ] Document personalized recommendations

References

1. US Preventive Services Task Force. Screening for prostate cancer: US Preventive Services Task Force recommendation statement. JAMA. 2018;319(18):1901-1913. doi:10.1001/jama.2018.3710
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3. Wei JT, Barocas D, Carlsson S, et al. Early Detection of Prostate Cancer: AUA/SUO Guideline Part II: Considerations for a Prostate Biopsy. J Urol. 2023;210(1):54-63. doi:10.1097/JU.0000000000003492
4. Hoffman RM, Wolf AMD, Etzioni R, et al. American Cancer Society guideline for the early detection of prostate cancer, 2026. CA Cancer J Clin. 2026; e70112. doi:10.3322/caac.70112.
5. Lin DW, Carlsson S, Filson CP, et al. Updates to Early Detection of Prostate Cancer: AUA/SUO Guideline (2026).