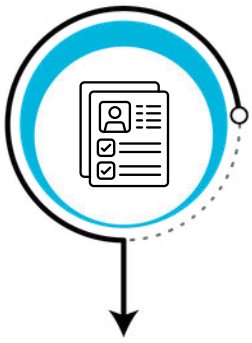
Prostate Cancer Screening Conversations Aid

This resource was developed by the American Cancer Society National Prostate Cancer Roundtable to support primary care clinicians in conducting prostate cancer risk assessment and screening. This document includes best practices and discussion aids for talking with patients about prostate cancer screening. Each discussion aid is tailored to a different scenario based on timing, screening decisions, patient risk, and test results. These are flexible talking points designed to guide conversations, not to be read verbatim. Clinicians should adapt the language and content to fit each patient's individual needs, health literacy level, and clinical context.

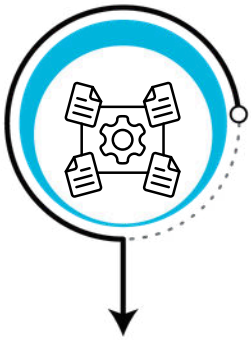
See the digital toolkit for more prostate cancer screening resources.

Best Practices for Talking to Patients About Prostate Cancer Screening



TAILOR INFORMATION TO EACH PATIENT

Use clear, accessible language appropriate for different health literacy levels. Provide materials in multiple languages and use a medical interpreter when needed to ensure understanding.



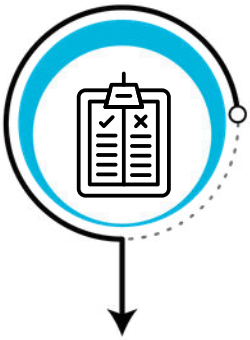
PRESENT INFORMATION IN MULTIPLE FORMATS

Combine numbers and descriptions (quantitative and qualitative information) and use both verbal explanations and a handout to help patients understand screening benefits, limitations, and potential outcomes.



BE CULTURALLY SENSITIVE AND EMPATHETIC

Show cultural competence in all communications, particularly when discussing sensitive topics related to prostate health, sexuality, and masculinity. Be respectful of diverse backgrounds and health beliefs.



DISCUSS BOTH BENEFITS AND LIMITATIONS

Clearly explain the potential advantages of early detection as well as the possibilities of overdiagnosis, overtreatment, and procedure-related complications. Help patients understand the uncertainty involved in screening decisions.



ENCOURAGE QUESTIONS AND ONGOING DIALOGUE

Create space for patients to ask questions during the appointment and provide clear ways for them to contact you or other healthcare professionals with additional questions after they leave. Document all informed decision-making discussions.

Discussion Aids for Talking With Patients About Prostate Cancer Screening

1 Discussing Prostate Cancer Screening and Informed Decision-Making

I'd like to talk with you about prostate cancer screening. Prostate cancer is relatively common, and we have a blood test called PSA that can help catch it early, when it's most treatable. You may have heard different things about PSA screening over the years, but guidelines have evolved, and I'd like to go over where things stand today and what the test can and cannot tell us. Like any screening test, it has limitations that are important to understand.

PSA levels can be high for reasons other than cancer, like an enlarged prostate or inflammation, and occasionally a PSA can be normal even when cancer is present. It's not a yes-or-no answer on its own, but it helps us identify who may need closer follow-up. That's why we use additional tests when needed before making any decisions.

If you're open to it, the next step would be to look at your individual history to help us decide when to start, and how often to repeat it. We can then decide together what feels right for you.

Assess the patient's risk factors and clinical status

If patient is at average risk

For patients like you, who are not at higher risk of having prostate cancer, we typically recommend starting screening [between ages 45 and 50 (AUA guideline), at age 50 (ACS guideline), or at age 55 (USPSTF guideline)].

If patient is at higher risk

Based on your [Black population/family history/genetic mutation], you have a higher risk of prostate cancer. For patients at higher risk, we typically recommend starting screening earlier, around ages 40 to 45, and screening more frequently.

Given what we talked about, would you like to proceed with the next steps? Do you have any questions or concerns I can address?

2 Discussing Normal PSA Results

Your PSA test result came back at [value] ng/mL, which is within the normal range for your age. This is reassuring. Based on this result and your overall risk, I recommend continuing screening every [1-4] years. Please let me know if you develop any new symptoms or if there are changes in your family history, since these could affect your screening plan.

Do you have any questions about these results or what we discussed?

3 Discussing Elevated PSA Results

Your PSA test result came back at [value] ng/mL, which is high for your age. I'd like to talk about what this means and what our next steps might be. It's important to understand that a high PSA does not mean you have cancer. PSA levels can go up for other reasons.

The next step is to repeat the PSA test to confirm the result. If the PSA level remains high, we have several options to better understand what may be causing it. These can include additional tests, such as an MRI or biomarker tests. Or, we can refer you to a urologist to determine what other tests are needed. A biopsy may be recommended depending on these results and your individual situation.

If a biopsy is needed, it may detect low-risk cancers can be safely monitored rather than treated immediately. This allows us to follow the cancer closely and only treat it if there are signs that it may become dangerous.

What questions do you have about the next steps?

You can always reach me at [your contact] if you think of more questions.

4 Discussing Confirmatory PSA Results

[If PSA levels are normal:] We received your repeat PSA result of [value] ng/mL. This result is within the normal range for your age, which is reassuring. Based on this, I'd recommend repeating your PSA in [X] years. Please let me know if you develop any new symptoms or if there are any changes in your family history, since these could affect your screening plan.

[If increased PSA levels are confirmed:] Your repeat PSA result was [value] ng/mL. This confirms that your PSA is still high. We should investigate this further.

Option 1: Recommending follow-up testing

I'd like to do some additional tests, like a prostate MRI or biomarker test. These can help us better understand whether there's a higher likelihood of cancer. This will help us decide whether a biopsy is really necessary.

What questions do you have?

Option 2: Offering urology referral

At this point, I'd like to refer you to a urologist – a specialist in prostate health who can guide the next steps. This may include additional testing and a decision about whether a biopsy is needed. I'll stay involved in your care throughout this process. You can always reach out to me if you have questions or concerns along the way.

What are your thoughts?

5 Discussing Low Risk of Positive Finding

[If additional testing was ordered after a confirmed high PSA result:] Your [MRI/biomarker test] results are in. These results suggest that there is probably not a tumor present that would require treatment, so a biopsy is not needed at this time.

Based on these findings, I recommend continuing to monitor your PSA levels regularly. We should repeat testing every [timeframe]. If anything changes, we can reassess together. Staying on this monitoring plan helps us catch any meaningful changes early.

It's also important to keep me informed of any new symptoms or changes in your health. What questions do you have about these results and our monitoring plan?

6 Discussing High Risk of Positive Finding and Biopsy Decision

[If additional testing was ordered after confirming elevated PSA:] Your [MRI/biomarker test/Risk assessment] results are in. These results suggest that you may need a biopsy to determine if cancer is present.

A biopsy involves taking small tissue samples from the prostate. Prostate biopsies check for cancer, and are usually performed by a urologist. It's generally safe, but I want you to know what to expect.

The most common issue is infection. Sometimes these require treatment or a hospital visit. For a short time, some patients might notice blood in their urine, stool, or semen. Some patients also have trouble urinating or experience pain after a biopsy. Rarely, there can be effects on sexual function. Most side effects resolve on their own, but it’s important to be aware of them.

It’s also important to understand what the results could mean. Not all prostate cancers need immediate treatment. If we find a low-risk cancer, we can monitor it closely and only treat if it shows signs of progression. We use regular PSA tests, MRIs, and biopsies to monitor low-risk tumors. This approach can help avoid unnecessary treatment and side effects. If we start out monitoring you this way, you can always choose to move to treatment at a later time.

[If urologist referral recommended at this step:] I’d like to refer you to a urologist who specializes in prostate biopsies and can go over this in more detail. They can answer specific questions about the procedure and help you plan for it. I'll stay involved in your care throughout this process. You can always reach out to me if you have questions or concerns along the way.

Given what we talked about, how are you feeling about moving forward? What questions can I answer to help you decide?

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).