

## SCREENING UNIT

### **Screening for prostate cancer in men**

1. Understand the prerequisites and implications for recommending a screening strategy (Appreciate that the availability of a test with good diagnostic accuracy does not necessarily imply that screening is justified).
2. Understand the reporting of recommendations.
3. Learn to assess the validity of a recommendation.
4. Learn to apply and communicate recommendations to individual patients.

### **Assignment:**

1. Read the clinical scenario.
2. Read the chapter on Screening in the User's Guides
3. Critically appraise the underlying evidence
4. Consider how to communicate the results to patients

### **Scenario:**

A 51-year-old white man with no significant history of cancer presents for a general health examination and asks if his testing should include a prostate-specific antigen (PSA) test. He thinks that his paternal uncle may have died from "prostate cancer". His wife, who he recently married, just learned about this possible family history and is very anxious because recently a close friend had died from this condition. The patient is generally healthy with no past medical history and he has never smoked.

### **Literature search:**

You determine that you need to find evidence that have incorporated multiple aspects of this condition (including evidence on harms and benefits of screening, diagnosis, management, cost effectiveness, etc.).

Searching PubMed Clinical Queries for the text words "Prostate Cancer" and "PSA" helps you identify a systematic review of randomized controlled trials that assessed PSA screening for prostate cancer.

**Enclosed Materials:**

1. Guyatt G, Drummond R. *User's Guides to the Medical Literature: A Manual for Evidence Based Clinical Practice*, 3<sup>rd</sup> Edition (JAMA). New York, NY: The McGraw-Hill. Companies, Inc, 2015. 28.3 Screening
2. Schröder *et al.* Screening and prostate cancer mortality: results of the European Randomised Study of Screening for Prostate Cancer (ERSPC) at 13 years of follow-up. *Lancet* 2014; 384: 2027–35.
3. Heijnsdijk *et al.* Quality-of-Life Effects of Prostate-Specific Antigen Screening. *N Engl J Med* 2012; 367:595-605.
4. Hoffman RM. ACP Journal Club. Periodic PSA-based screening in men 55 to 69 years of age reduced prostate cancer mortality. *Ann Intern Med.* 2012 Jul 17;157(2):JC2-4
5. Worksheet for evaluation of an article on Screening.

Suggested format for teaching: Role play to communicate the results (no screening recommended) to a patient who may be resistant. It is plausible that a patient with very strong pro screening values and preferences may just opt for screening.