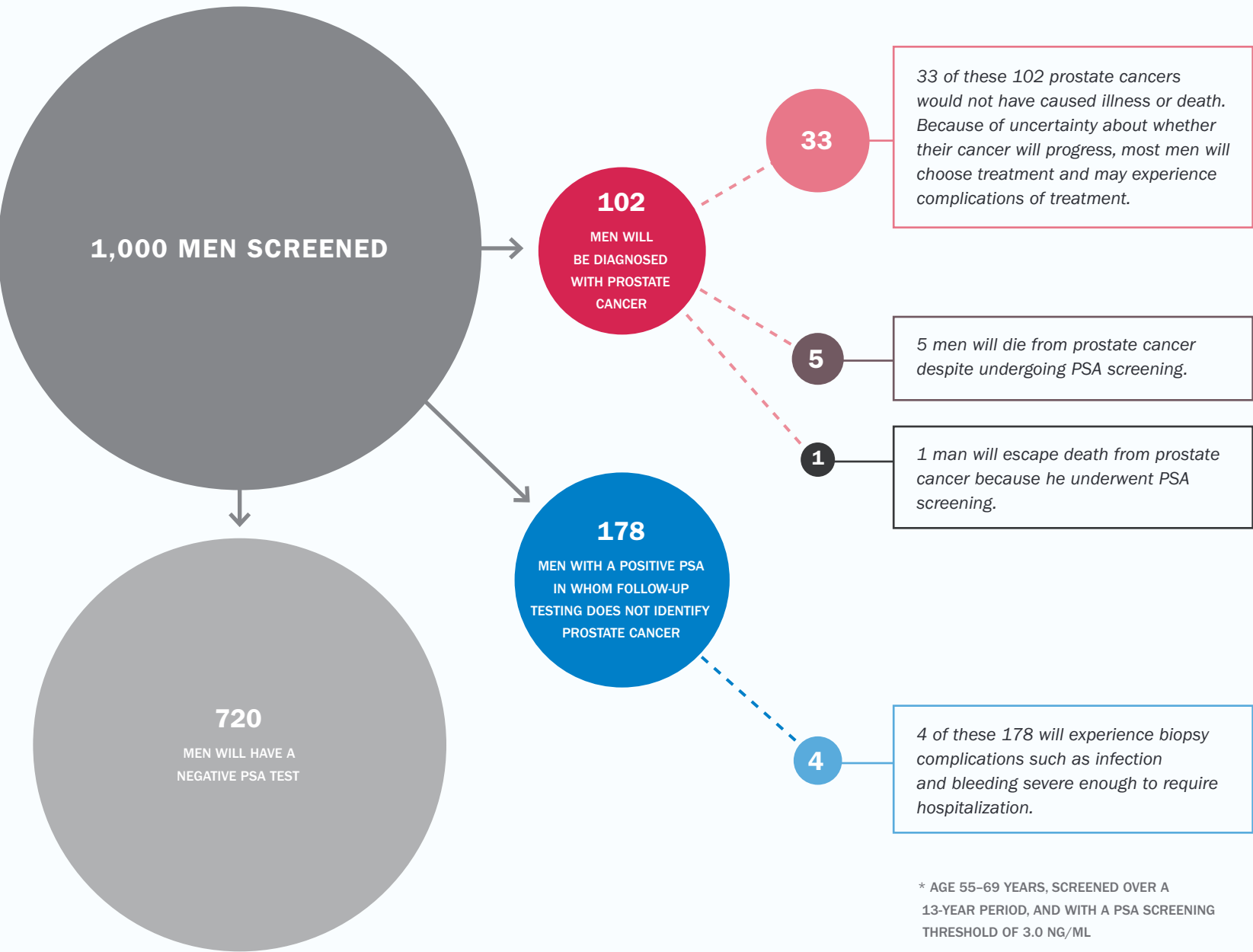




RESULTS OF SCREENING 1,000 MEN WITH THE PSA TEST*



* AGE 55-69 YEARS, SCREENED OVER A 13-YEAR PERIOD, AND WITH A PSA SCREENING THRESHOLD OF 3.0 NG/ML

WHAT ARE MY RISKS IF I DON'T GET SCREENED?

- Among men ages 55 to 69 who do not get screened, the risk of dying from prostate cancer is 6 in 1,000.
- With regular PSA screening, the risk of dying from prostate cancer among men aged 55 to 69 may be reduced to 5 in 1,000.
- In many cases prostate cancer does not, and will not, pose a threat to a man's life.

ISN'T IT BETTER TO GET SCREENED THAN TO DO NOTHING?

- Screening with the PSA often leads to further testing, which carries with it its own serious risks and problems.
- For example, a biopsy involves a number of potential harms such as infection, blood in the urine, or even death.
- Additionally, if testing leads to treatment, such as a prostatectomy (removal of the prostate gland), the chances of urinary incontinence and erectile dysfunction significantly increase. Other short term post-surgical complications include infections, additional surgeries and blood transfusions and death.

WHAT DOES THE CANADIAN TASK FORCE ON PREVENTIVE HEALTH CARE RECOMMEND?

- Based on the lack of convincing evidence that PSA screening reduces prostate cancer mortality, and based on the consistent evidence that screening and active treatment does lead to harm, the CTFPHC recommends not using PSA testing to screen for prostate cancer.
- For more information on the Canadian Task Force on Preventive Health Care's recommendations please visit: www.canadiantaskforce.ca.

WHAT ARE THE BENEFITS OF SCREENING?

- Reduced risk of dying from prostate cancer—1 out of every 1000 men will escape death because he underwent PSA screening.