

What does this mean for your patients, your brother, father, grandfather or you?

<u>News agencies</u> are reporting changes to the previously recommended prostate cancer screening age.

Question:

Based upon updated <u>American Cancer Society</u> and <u>American Urological Association guidelines</u>, when should prostate cancer screening begin?

- a. Starting at age 50, with a PSA (blood test) and a digital rectal exam (DRE)
- b. Between 55 and 69, men at average risk, should talk with their provider about the risks, limitations, and benefits of screening
- According to risk factors, such as being African-American or those who have family history of prostate cancer
- d. B&C

Answer: d

What are the genomic clinical-practice implications?

- ☐ Encourage patients to share family history.
- Assess family history of prostate cancer, degree of the relative (e.g. father, son, brother, uncle), number of family members with prostate cancer, and the age of onset. The risk of prostate cancer increases by two to three fold for men with a family history. It increases further with early age of onset, <55 years of age, and more than one affected relative.
- ☐ Ethnicity and race play a part: Black men have the highest incidence of prostate cancer.
- Be alert for hereditary cancer-syndrome red flags. A family history of prostate cancer and breast cancer on the same side of the family may be a red flag for a genetics evaluation, especially if there is a known BRCA mutation in the family. If a man has had breast cancer he should be referred for a genetics consult.





