Prostate Cancer Case Study

Medical Student Case-Based Learning



Learning objectives

- 1) Who and how do you screen for prostate cancer?
- 2) What does a shared decision-making process for prostate cancer screening include?
- 3) How is prostate cancer diagnosed?



Case presentation #1

Patient: 58 year old male

Past medical/surgical history: Hypertension

Medications: enalapril

Family history: Father with prostate cancer at age 65

Should this patient be screened for prostate cancer?



Guideline recommendations



Men age 55-69 years should undergo prostate screening after an informed decision-making process



Case presentation #2

Patient: 72 year old male

Past medical/surgical history: Hypertension, obesity, type 2 diabetes, congestive heart failure, prior stroke

Medications: several

Should this patient be screened for prostate cancer?



Guideline recommendations



Men age 70 and older, and most importantly, men with a life expectancy of less than 10 to 15 years should not be screened for prostate cancer

Importantly, men being screened for prostate cancer should consider stopping screening as other health issues take priority



Case presentation #3

Patient: 50 year old male

Past medical/surgical history: Hypertension

Medications: enalapril

Family history: Father with prostate cancer at age 65, brother with prostate cancer at age 55

Should this patient be screened for prostate cancer?



Guideline recommendations



Men age 40 to 54 years with a high risk of prostate cancer should be screened for prostate cancer

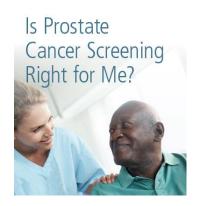
Risk factors

- 1) Black race
- First degree relatives with metastatic or lethal adenocarcinomas



Shared decision making





Patients should be given decision aids for education about screening

A discussion between the patient and his doctor should include the risk and benefits of screening

Most importantly, the patient's own health priorities should be considered



How is screening performed?

Most often with measurements of serum prostate-specific antigen (PSA) levels every two or more years.

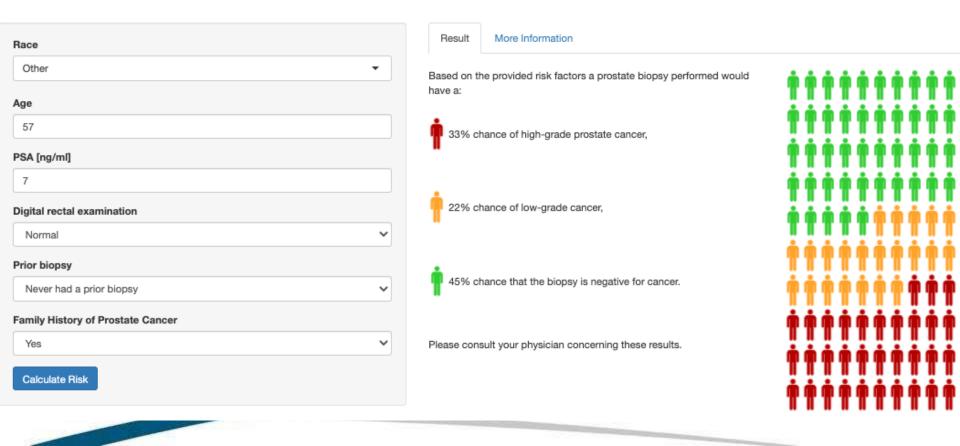
A digital rectal exam is also perform to assess for nodules produced by prostate cancer.



How is screening performed?

PSA, DRE, and other factors should be combined to determine an individuals patients risk of prostate cancer.

Online tool can help do this (e.g. https://riskcalc.org/PCPTRC/)



Who should undergo a biopsy?

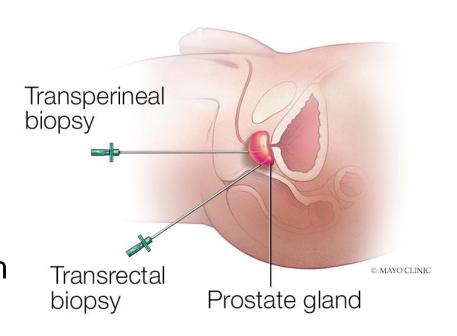
Men who screen positive for prostate cancer should be referred to a urologist who may use an array of pre-biopsy tests.

PSA kinetics	Rapid and sustained PSA rises are more indicative of cancer
Free/total PSA ratio	Lower ratio of unbound (free) to total serum PSA suggests a higher risk of cancer
Prostate Health Index (PHI)	Determines risk of prostate cancer based on the different molecular forms of serum PSA
MRI	Scores lesions in the prostate based on risk of harboring aggressive prostate cancer. Can also be used to aid targeted biopsies and focal therapy
DRE	Palpation of a nodule or induration can be indicative of a prostate cancer
Urinary markers	Can help predict the risk of prostate cancer

How is a biopsy performed?

Using a rectal ultrasound, the prostate is biopsied by a transperineal or, more often, a transrectal biopsy

This is often done in the office but may be done in an operating room



https://www.mayoclinic.org/medical-professionals/urology/news/ultrasound-guided-transperineal-prostate-biopsy/mac-20473283



AUA National Medical Student Curriculum

Education & Research, Inc.