

Prostate Cancer Foundation (PCF) screening guidelines for prostate cancer in Black men in the United States.

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Background: Black men in the United States are considered a high-risk population for being diagnosed with and dying from prostate cancer. Few guidelines have outlined specific recommendations for prostate-specific antigen (PSA)-based prostate cancer screening among Black men. We performed a comprehensive literature search and assembled a diverse, interdisciplinary panel of experts to establish practical consensus guidelines addressing PSA screening in Black men. **Methods:** A comprehensive literature search was conducted in April 2023 in PubMed and Embase. A total of 287 studies were reviewed utilizing Preferred Reporting Items for Systematic Reviews and Meta-analyses guidelines. Of these, 265 were relevant. The panel's expertise included fields of primary care, urology, medical and radiation oncology, translational science, and patient advocates. **Results:** Six guideline statements were developed. Three randomized controlled trials provided Level 1 evidence that regular PSA screening of men aged 50–74, of average risk reduces metastasis and prostate cancer death at 16–22 years. The best available evidence for Black men, who are considered higher than average risk for prostate cancer metastasis and death, comes from observational (Level 3) and modeling (Level 4) studies that consider the age to obtain a baseline PSA, the frequency of testing, and the age when screening should end. Cohort studies suggest that discussions with health care providers about baseline PSA testing should begin by the time Black men are in their early 40s and modeling data suggests prostate cancer develops 3–9 years earlier in Black men compared to their peers. Lowering the age for baseline PSA testing from 50–55 years to 40–45, followed by regular screening intervals until the age of 70 (when to stop is determined by age, PSA values, and health factors) would reduce prostate cancer mortality in Black men (~30% relative reduction) without significantly increasing the rate of overdiagnosis. **Conclusions:** Black men should obtain information about PSA screening for prostate cancer. Among Black men who elect screening, baseline PSA testing should occur between ages 40–45. Depending on the PSA value and health status, annual screening should be strongly considered. Personalized prostate cancer surveillance and/or treatment can prevent potential harms from overdiagnosis. Research Sponsor: Prostate Cancer Foundation; National Cancer Institute; NIH; Veterans Affairs; The Jean Perkins Foundation; Department of Defense.