More Frequent Prostate Cancer Screening Linked to Less Advanced Disease and Death

Young Black men who received PSA testing more often were 40% less likely to be diagnosed with advanced prostate cancer.

May 27, 2021 By Sukanya Charuchandra

A higher frequency of prostate cancer screening is linked to a lower chance of being diagnosed with advanced disease and a lower risk of death for younger Black men, according to study findings to be presented at the American Society of Clinical Oncology (ASCO) Annual Meeting in June.

Edmund Qiao, BS, of the University of California San Diego, and colleagues showed that more frequent prostate-specific antigen (PSA) screening was linked to a 40% decrease in the likelihood of having metastatic cancer at the time of diagnosis and a 25% drop in the risk of prostate cancer death in this population.

“The findings reinforce the importance of early PSA screenings in African American men, as our research suggests that earlier PSA screening may improve their prostate cancer outcomes,” Qiao said in a ASCO press release. “The findings also bring us closer to addressing racial disparities that exist in prostate cancer.”

Black men are almost 1.5 times more likely to have prostate cancer and twice as likely to die from it in comparison with white individuals. Moreover, Black men are more likely to be diagnosed at a later stage of disease. But African Americans have been poorly represented in studies used to develop guidelines, so guidance regarding PSA screening for this group has been limited. While the U.S. Preventive Services Task Force currently recommends prostate cancer screening beginning at age 55, other organizations recommend that screening start at age 40 years for Black men.

Using information from the Veterans Health Administration database, the researchers identified 4,726 Black individuals with prostate cancer. These men were all between 40 and 55 years old and were diagnosed between 2004 and 2017.

The researchers defined screening intensity as the percentage of years in which PSA screening

was conducted up to five years before a prostate cancer diagnosis. On average, these individuals had received 1.9 screenings, with those on the high end of the spectrum having received an average of 3.0 previous screenings and those on the low end having received an average of 0.5 tests.

Men who received more frequent screenings were diagnosed with less advanced cancer. Individuals with a high intensity of screening were less likely to have a PSA level above 20 or a Gleason score of 8 or more than those with a low intensity of screening. What's more, men in the high-intensity group were less likely to have metastatic disease than those in the low-intensity group (1.4% versus 4.2%).

Further, the researchers found that increased access to primary health care also reduced the risk of having advanced prostate cancer at diagnosis and resultant death. They suggested the combined impact of primary care utilization and screening for prostate cancer could lead to better outcomes for younger Black men.

"This study lends weight to the importance of discussions between doctors and individual patients about the risks and benefits of PSA screening," commented ASCO President Lori J. Pierce, MD. "There is not a one-size-fits all approach, particularly for patients at higher risk of prostate cancer, such as African American men. This observational study shows us that screening may be useful even in younger African Americans."

Click here to read the ASCO study abstract.
Click here to learn more about prostate cancer.
Click here to learn more about cancer screening.

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.cancerhealth.com/article/frequent-prostate-cancer-screening-linked-lower-risk-advanced-disease-death