

Prostate Cancer Testing

New types of tests help guide prostate cancer diagnosis and treatment. Use this resource to learn which tests may be recommended at each step in the prostate cancer journey.

Early Detection



Prostate Cancer Screening

Know your risk. Early detection saves lives.

Screening starts with a simple PSA blood test.

Start by age 40 if you:

- Are a Black man
- Have family members on either side with prostate, breast, ovarian, pancreatic, or colon cancer
- Have a family member with a gene change like BRCA

Otherwise:

- Begin screening by age 45



If Your PSA is High

A high PSA level doesn't always mean cancer.

Your doctor will look more closely to understand what's causing the high PSA.

- Repeat PSA blood test
- Prostate MRI
- Blood and urine tests

Getting Answers



Diagnosis

If needed, your urologist performs a biopsy to check for cancer.

Your biopsy results guide your next steps.

If biopsy shows cancer, consider:

- Genomic testing of biopsy tissue
- Germline genetic testing

If biopsy shows no cancer, your doctor may recommend:

- Repeat prostate MRI
- Tests of urine, blood, or prostate tissue to confirm cancer was not missed
- Regular PSA blood tests



If Biopsy Shows Prostate Cancer

You may need imaging to see if cancer has spread outside the prostate.

Knowing the size and location of your cancer (staging) guides your treatment options.

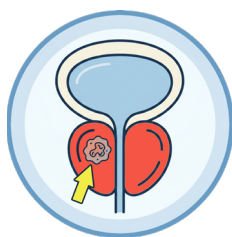
Your doctor may order:

- PSMA PET scan (if unavailable, CT and bone scan)

If scan shows cancer has spread, ask about:

- Somatic testing of tumor tissue or circulating tumor DNA
- Germline genetic testing

Your Treatment Path



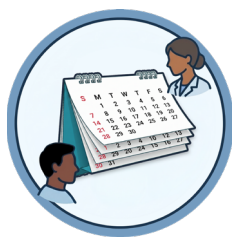
If You Have Localized Prostate Cancer

Your cancer has not spread outside the prostate area. You have many treatment options.

Discuss with your doctor which treatment plan is right for you.

- Active surveillance (close monitoring of lower-risk cancer)
- Surgery to remove the prostate
- Radiation therapy
- Some people may need more than one type of treatment

Consider genomic testing to further guide treatment decisions.



Monitoring After Localized Treatment

Many people live long, full lives after prostate cancer treatment.

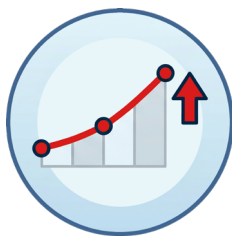
You will have regular PSA blood tests to help catch cancer early if it comes back.

- Typically every 3-6 months for the first 3-5 years, then yearly

If PSA is detectable after surgery, you will need more testing.

- Prostate MRI
- PSMA PET scan

When Things Change



If Your PSA Rises After Treatment

Your doctor will check how fast your PSA is rising and where any new cancer may be.

These tests help your care team understand what's happening and plan next steps.

- MRI
- PSMA PET scan
- Repeat biopsy
- Genomic test of biopsy or surgery tissue
- Germline genetic testing



If You Have Advanced Prostate Cancer

Your cancer has spread outside the prostate. It may be newly diagnosed or recurrent.

Ask your doctor about 2 tests that show how your cancer may change and which treatments may work best.

- Germline genetic testing
- Somatic testing of tumor tissue or circulating tumor DNA

Your doctor will monitor your cancer with:

- PSA blood tests
- PSMA PET scan (if unavailable, CT and bone scan)
- Physical exam and symptom review

Throughout Your Journey



Staying Healthy During & After Treatment

Your overall health matters just as much as your cancer care.

Ask your doctor about these routine health checks:

- Blood pressure
- Bone density
- Blood sugar
- Mental health screening
- Cholesterol
- Screening for other cancers

Terms to Know

PSA Blood Test > A simple blood test that measures your level of prostate-specific antigen (PSA), a protein made by the prostate gland. A PSA level above 3–4 ng/mL (or 2.5 ng/mL for men in their 40s) is typically considered high. After treatment, PSA levels are checked regularly to see whether cancer is returning.

Prostate MRI > Looks for areas of the prostate (and the area around it) that might contain cancer. If a biopsy is needed, MRI can guide where samples are taken.

Blood & Urine Tests > Look at proteins or genetic material to help decide if a biopsy is needed.

Examples: Percent free PSA, PSA density, Prostate Health Index (PHI), 4Kscore, SelectMDx, ExoDx Prostate Test, MyProstateScore (MPS), MPS 2, Stockholm3, IsoPSA

Tests After Biopsy > If your biopsy is negative, more tests may be done to check your prostate tissue, urine, or blood. The results show if a repeat biopsy is needed.

Examples: Percent free PSA, 4Kscore, PHI, ConfirmMDx, ExoDx Prostate Test, MPS, MPS 2, IsoPSA

Active Surveillance > Used for lower-risk prostate cancers. You get regular checks and only start treatment if your cancer starts to grow or change. This helps you avoid or delay treatment side effects while keeping a close eye on the cancer.

Genomic Testing > Looks at genetic material and/or proteins in tumor tissue from a biopsy or surgery. Gives more information about how fast your cancer is likely to grow and spread and may help guide treatment decisions.

If you have radiation therapy, genomic testing may help show if you should also receive hormone therapy (ADT). If you have surgery, genomic testing may help show if you need additional treatment.

Examples: Decipher Prostate, ArteraAI Prostate Test

Germline Genetic Testing > Tests your blood or saliva for gene changes (such as BRCA2 and BRCA1) that run in families. This can give information about how your cancer might change and help guide treatment decisions.

PSMA PET Scan > Checks to see if prostate cancer has spread from your prostate to your lymph nodes, bones, or organs. PSMA PET looks for a protein called PSMA (Prostate-Specific Membrane Antigen) found on prostate cancer cells. It is more sensitive and precise than older imaging methods. If PSMA PET is unavailable, your doctor can order a CT scan (to check your lymph nodes and organs) and a bone scan.

Somatic Testing > Looks for changes in the DNA and proteins of your tumor cells that can drive tumor growth. For some patients, can help guide treatment decisions. Uses tumor tissue from a prostate biopsy or surgery. If tumor tissue is unavailable, a blood sample can be tested for circulating tumor DNA (ctDNA).

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