

Beyond the Confusion and Controversy: When to Screen for Prostate Cancer?

Fred Hutch experts recommend men at average risk for prostate cancer start screening at age 55 with the PSA blood test. Here's more.

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When it comes to prostate cancer screening, many men are still confused about when they should be screened.

Fred Hutch experts recommend men at average risk for prostate cancer start screening at age 55 with the prostate-specific antigen (PSA) blood test. PSA tests are so effective that they're credited with early diagnosis of prostate cancer in about 80% of men with the disease, however, it's not without controversy.

A PSA test measures a protein released in the blood by prostate cells. A high PSA level can be a sign of prostate cancer, but it can also be due to conditions other than cancer, like an enlarged or inflamed prostate.

"Men who are at higher risk — Black men and those with a family history of the disease — should consider starting screening at age 40," said [Jamie Takayesu, MD](#), who treats prostate cancer patients with radiation. "Most men do not present with any symptoms, especially early on. If you have a long life ahead of you, that's one reason to get screened for prostate cancer."

When detected early, this cancer is usually curable. Therefore, screening can be helpful for younger, healthy men, and there are many treatment plans available if cancer is found, including active surveillance for low-risk cases.

On the other hand, since PSA tests can identify cancers that might never become harmful, men with significant health issues or a limited life expectancy may decide that screening isn't necessary for them. Talk with your primary physician about whether or not to do PSA screening.

PSA tests aren't perfect: false positives (where the test incorrectly indicates you have cancer) can lead to unnecessary worry and/or unnecessary procedures like a biopsy, while false negatives can give you a normal result, missing an existing cancer.

False positives and false negatives are found in multi-cancer detection tests, (MCDs) as well.

“This is true of [the new multi-cancer] [screening tests](#) such as the ones marketed directly to consumers,” Takayesu said. “And most [MCDs] have not been validated the way PSA tests have.”

Without a provider to help you interpret results, Takayesu said, people using the new direct-to-consumer MCD blood tests might be lulled into a false sense of security, or conversely, undergo unnecessary procedures for a false positive test.

If you need a primary care provider, or want to discuss screening tests for prostate cancer, our care partner, UW Medicine, offers in-person and telemedicine primary care visits to both new and established patients in Washington state. Learn about [UW Medicine Primary Care](#).

Some men are at higher risk of prostate cancer, including those with a family history of cancer, Black men and men over the age of 70.

Scientists have identified 450 different genes associated with prostate cancer. BRCA, also associated with breast cancer, is the most common.

BRCA refers to two genes — BRCA1 and BRCA2 — that play a key role in repairing damaged DNA. Everyone has these genes, but certain inherited changes or mutations can increase the risk of developing prostate, breast, ovarian and/or pancreatic cancers. It is essential to [know your family history of cancer](#) so you can make informed decisions about cancer screenings.

Treatment options

Only a biopsy can determine whether you actually have cancer. Once you have been diagnosed with prostate cancer and choose to receive treatment, there are several options, depending on the stage of your cancer.

- For low-risk prostate cancer, active surveillance is often recommended.
- For intermediate- to high-risk prostate cancer, options include surgery or radiation, with or without hormone deprivation.

Similar to many breast cancers, prostate cancer is hormone-driven: testosterone makes the cancer progress faster once you have it. Therefore, testosterone suppression may be a part of treatment.

Radiation is another common treatment, even in patients with metastatic disease. For limited metastases, meaning the cancer has spread to just a few other locations in the body, receiving radiation can extend life. For extensive metastases — the cancer has spread throughout the body — radiation can help with pain and other symptoms as well as prevent complications. In these cases, treating the prostate itself can also prevent future urinary issues.

In terms of radiation, there are several options.

- Internal radiation such as brachytherapy or temporary radioactive implants
- External radiation including photons such as [IMRT, VMAT and SBRT](#), or proton therapy

Takayesu uses proton therapy for very specific cases such as patients who have concurrent ulcerative colitis or Crohn's disease for whom surgery is not an option, and/or patients who've had a prior kidney transplant.

If you are entering treatment, Fred Hutch radiation oncologists will discuss all options, including proton therapy, to help you make an informed decision.

Learn more about [all treatment options](#) for prostate cancer and [proton therapy for prostate cancer](#).

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