

Cancer Association of South Africa (CANSA)



CANSA Fact Sheet on the Role of Prostate Specific Antigen (PSA) Screening on Prostate Cancer Diagnosis and Treatment

Introduction

Prostate Specific Antigen (PSA) is a glycoprotein enzyme exclusively produced by the epithelial cells of the prostate gland. PSA is a member of the kallikrein-related peptidase family.

PSA is produced to liquefy the ejaculate, so as to allow sperm to swim freely. It is also believed to create the correct pH balance for sperm to survive outside the body and is also instrumental in dissolving cervical mucus, allowing easy entry of sperm into the uterus.

[Picture Credit: Prostate Specific Antigen]



Prostate cancer is caused by changes in the DNA of normal prostate cells. DNA makes up the genes, which control how cells behave. DNA is inherited from one's parents. It is estimated that a small percentage (about 5 to 10%) of prostate cancers are linked to these inherited changes.

Research shows that men with BRCA1/2 mutations are more likely than non-carriers to be diagnosed with advanced-stage prostate cancer or cancer that had already spread.

Prostate Specific Antigen (PSA) is a protein produced by normal prostate cells. This enzyme participates in the dissolution of the seminal fluid coagulum and plays an important role in fertility. The highest amounts of PSA are found in seminal fluid; some PSA escapes the prostate and can be found in the blood serum.

Rising levels of PSA in serum are associated with prostate cancer. The PSA level also tends to rise in men with benign prostatic hyperplasia (enlargement of the prostate) and is a good marker for prostate volume. PSA levels are usually also elevated in men with acute bacterial prostatitis (inflammation of the prostate). (David, M.K. & Leslie, S.W. 2024).

Sundaresan, V.M., Smani, S., Rajwa, P., Renzulli, J., Sprenkle, P.C., Kim, I.Y. & Leapman, M.S. 2025. "Prostate specific antigen (PSA) has transformed the diagnosis and treatment of prostate cancer by enabling early detection at global scale. Due to expression in both benign and malignant cells, PSA-

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Page 1

based prostate cancer screening using single cut-points yields imperfect diagnostic performance and has led to the detection and over-treatment of low-grade prostate cancer. Additional challenges in the interpretation of PSA include substantial inter and intrapersonal variation, differences with age and prostate volume, and selection of standardized PSA value cutoffs for clinical application. In response, refinements to PSA including risk and age-based thresholds, age and genetic adjustments, PSA density, percentage free PSA, and PSA velocity have been proposed and extensively studied. In this review, we focus on the clinical role of PSA as a screening biomarker with a particular emphasis on its test characteristics, clinically actionable thresholds, and strategies to refine its clinical interpretation.”

Conflict of interest statement

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Dejonckheere, C.S., Caglayan, L., Glasmacher, A.R., Wiegrefte, S., Loyer, J.P., Nour, Y., Scafa, D., Sarria, G.R., Spohn, S., Essler, M., Hauser, S., Ritter, M., Bernhardt, M., Kristiansen, G., Grosu, A.L., Zamboglou, C. & Gkika, E. 2025.

Purpose: Stereotactic body radiotherapy (SBRT) is emerging as a valuable treatment modality for localized prostate cancer, with promising biochemical progression-free survival rates. Longitudinal assessment of prostate-specific antigen (PSA) is the mainstay of follow-up after treatment. PSA kinetics and dynamics are well-established in the context of brachytherapy and conventionally fractionated radiotherapy, yet little is known in the context of prostate SBRT.

Methods: A review of available literature in MEDLINE, Scopus, and Embase was performed, focusing on studies reporting PSA slope, nadir, bounce, and biochemical failure after prostate SBRT.

Results: Thirty-three records (45 % prospective) encompassing 9949 patients were included. SBRT dose ranged from 32-50 Gy in 4-5 fractions and overall median follow-up time (range) was 41 (15-74) months. Use of androgen deprivation therapy ranged from 0-38 %. SBRT was characterized by a steep initial decline of PSA, slowing down over time and ultimately yielding a lower nadir in comparison with conventional radiotherapy, with a median value (range) of 0.24 (0.1-0.6) ng/mL after a median time (range) of 33.1 (6-54) months. There was an inverse correlation between the highest SBRT dose in a trial and PSA nadir ($r = -0.59$; $p < 0.001$). Benign PSA bounce occurred in 30 % of patients across all studies, after a median time (range) of 14.8 (9-36) months and with a median size (range) of 0.5 (0.3-1.1) ng/mL. There was no significant correlation between bounce and dose, nadir nor biochemical failure. There was, however, a significant inverse correlation between ADT use and PSA bounce frequency ($r = -0.49$; $p = 0.046$).

Conclusion: PSA kinetics and dynamics after SBRT for localized prostate cancer are different from those in other established radiotherapy modalities. Benign PSA bounce is very common. Clinicians should be aware of these factors and patients should be counseled accordingly, preventing unnecessary distress or salvage treatment.

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Incidence of Prostate Cancer in South Africa

According to the latest edition of the National Cancer Registry (2024), the following number of prostate cancer cases was histologically diagnosed in South Africa during 2024:

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June 2026

Page 2

Group - Males 2024	No of Cases	Lifetime Risk	Percentage of All Cancers
All males	10 761	1:17	25.18%
Asian males	238	1:35	22.63%
Black males	5 346	1:22	37.13%
Coloured males	1 247	1:16	24.52%
White males	3 930	1:10	17.45%

N.B. 'Histologically diagnosed' means that a biopsy (removal of a specimen of tissue) was performed and that a diagnosis of Prostate Cancer was confirmed by a qualified pathologist.

The frequency of histologically diagnosed cases of prostate cancer in South Africa for 2024 was as follows (National Cancer Registry, 2024):

Group - Males 2024	0 – 19 Years	20 – 29 Years	30 – 39 Years	40 – 49 Years	50 – 59 Years	60 – 69 Years	70 – 79 Years	80+ Years
All males	0	3	10	251	1 970	4 370	3 278	852
Asian males	0	0	0	3	45	79	92	19
Black males	0	2	9	150	1 176	2 277	1 433	299
Coloured males	0	1	0	20	227	518	386	95
White males	0	0	1	78	522	1 523	1 367	439

N.B. In the event that the totals in any of the above tables do not tally, this may be the result of uncertainties as to the age, race or sex of the individual. The totals for 'all males' and 'all females', however, always reflect the correct totals.

The Reimagine Study – The Most Recent Information

A recent small study, referred to as the Reimagine Study, was conducted at University College Hospital, in London. The research was reported in the British Medical Journal (BMJ) Oncology.

Men aged 50 to 75 in London were invited for screening MRI and PSA tests.

The MRI screening as well as the PSA testing was done at the University College Hospital in London.

303 Men participated in the study. Of the 303 men who had both a MRI scan as well as a PSA test, 48 had a positive MRI that indicated cancer and of these 25 were diagnosed with significant cancer after further tests, including biopsies. More than half the men whose cancer was picked up on MRI had low PSA test scores below 3ng/ml, which is considered normal, and so would have been falsely reassured they were free of disease.

(Marsden, T., Lomas, D.J., McCartan, N., Hadley, J., Tuck, S., Brown, L., Haire, A., Moss, C.L., Green, S., Van Hemelrijck, M., Coolen, T., Santaolalla, A., Isaac, E., Brembilla, G., Kopcke, D., Giganti, F., Sidhu, H., Punwani, S., Emberton, M. & Moore, C.M. & ReIMAGINE Study Group. 2021; Oncology Central, 2023; University College London, 2023).

What Every Man Should Know About PSA screening

- Screening does not lower one's risk of having prostate cancer; it increases the chance that one will find out that one has it

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June 2026

Page 3

- PSA testing can detect early-stage cancers that a digital rectal examination (DRE) would miss
- A “normal” PSA level of 4 ng/ml or below does not guarantee that one is cancer-free; in about 15% of men with a PSA below 4 ng/ml, a biopsy will reveal prostate cancer
- A high PSA level may prompt one to seek treatment, resulting in possible prevention of urinary and sexual side effects
- Conditions other than cancer – non-cancerous enlargement of the prostate (BPH) and prostatitis (inflammation of the prostate), for example, can elevate one’s PSA level

PSA testing guidelines from the American Cancer Society emphasise discussing the pros and cons of prostate cancer screening with one’s doctor, including one’s individual level of prostate cancer risk, before having a PSA blood test.

(Johns Hopkins Medicine, 2026; LenMed Private Hospitals, No Date; Chan, E.C.Y. & Sulmasy, D.P. 1998).

The Prostate Specific Antigen Screening Debate

The purpose of screening is to detect prostate cancer at its earliest stages, before any symptoms have developed. Some men do experience symptoms that might indicate the presence of prostate cancer. These symptoms can also indicate the presence of other prostate diseases or disorders (such as non-cancerous enlargement of the prostate (BPH) or inflammation of the prostate), so these men will undergo a more thorough work-up.

Typically, prostate cancer that’s detected by screening is in the very early-stages and can be treated most effectively. Physicians can screen for prostate cancer quickly and easily in their office using two tests: the PSA (prostate-specific antigen) blood test and the digital rectal exam (DRE).

The PSA Blood Test - PSA is a protein produced by cells within the prostate and released in very small amounts into the bloodstream. When there is a problem with the prostate—like the development and growth of prostate cancer—more and more PSA is released. It eventually reaches a level where it can be easily detected in the blood.

For a PSA test, a small amount of blood is drawn from the arm, and the level of PSA is measured:

- Levels under 4 ng/mL are usually considered “normal.”
- Levels over 10 ng/mL are usually considered “high”
- Levels between 4 and 10 ng/mL are usually considered “intermediate.”

PSA is not a perfect test. Levels can be elevated if other prostate problems are present, such as BPH or prostatitis (inflammation of the prostate). Some men with prostate cancer may even have low levels of PSA. PSA can also be diluted in men who are overweight or obese, due to a larger blood volume, and a prostate biopsy at a relatively lower number (i.e. 3.5 instead of 4) should be considered.

The Digital Rectal Examination - During a DRE, the physician inserts a gloved, lubricated finger into the rectum and examines the prostate for any irregularities in size, shape, and texture. Often, the DRE can be used by urologists to help distinguish between prostate cancer and non-cancerous conditions such as BPH.

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Page 4

Important to Note - Many men will be found to have cancer even with “normal” results from the PSA test and DRE.

The decision about what to do next in this circumstance is usually based on the patient’s age, other risk factors, and the specifics of the type of cancer (grade, stage, etc).

(Tidd-Johnson, A., Sebastian, S.A., Co, E.L., Afaq, M., Kochhar, H., Sheikh, M., Mago, A., Poudel, S., Fernandez, J.A., Rodriguez, I.D. & Razdan, S. 2022; Nature, 2026; Premier Medical Group, 2026).

PSA Testing Saves Lives

An analysis of two influential studies of prostate cancer screening conducted in 2017 concludes that the much-debated PSA test “significantly” reduces deaths from the Prostate Cancer, suggesting that current recommendations against routine PSA screening might be steering men away from a lifesaving procedure (Nature, 2026; eCancer, 2025; Cochrane US, 2026).

Non-Cancer Causes of a Raised PSA Test

High PSA levels from prostatitis – “The PSA test is a good screening tool for prostate cancer, but it is not very specific,” says Erik P. Castle, MD, FACS, an associate professor of urology at the Mayo Clinic. “Common causes of inflammation in the gland, called prostatitis, can cause high PSA levels.” Prostatitis caused by bacteria can be treated with antibiotics. Another more common type of prostatitis, called nonbacterial prostatitis, can be harder to treat and last a long time. Prostatitis is the most common prostate problem for men younger than 50.

High PSA levels from medical procedures - “Anything that traumatically interferes with the architecture around the prostate gland can make PSA go up,” says John Milner, MD, FRCS, an assistant professor of urology at Loyola University's Stritch School of Medicine in Chicago. “One of the most common causes of significantly high PSA from this type of trauma is the placing of a catheter into the bladder.” Another cause is a prostate or bladder examination that involves passing a scope or taking a biopsy. “Since it takes about two to three days for PSA to go down by half, one should wait about two to three weeks after this type of trauma to do a PSA test.”

High PSA levels from BPH – Benign prostate hyperplasia (BPH), is an enlargement of the prostate gland, but it is not prostate cancer. “BPH means more cells, so that means more cells making PSA,” explains Dr. Castle. BPH may not need to be treated unless it is causing frequent or difficult urination. BPH is the most common prostate problem in men over age 50. One’s doctor may be able to tell the difference between BPH and prostate cancer by doing a digital rectal exam. BPH usually causes abnormal PSA tests in the 4 to 10 range.

High PSA levels from a urinary tract infection - “Any infection near the prostate gland, including a urinary tract infection, can irritate and inflame prostate cells and cause PSA to go up,” says Dr. Milner. If you’ve been diagnosed with a urinary tract infection, be sure to wait until after the infection has cleared up before getting a PSA test. In men, most urinary tract infections are caused by bacteria and respond well to antibiotics. Be on the alert: BPH increases your risk for a urinary tract infection.

High PSA levels as one gets older - Even without any prostate problems, your PSA levels can go up gradually as you age. “At age 40, a PSA of 2.5 is the normal limit,” says Milner. “By age 60, the limit is

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June 2026

Page 5

up to 4.5; by age 70, a PSA of 6.5 could be considered normal." Even so, a study done in Sweden and reported in the medical journal *BMJ* found that a low PSA at age 60 is especially welcome news. In 1,167 men who were followed from age 60 to age 85, those with a PSA at or below 1 ng/ml at age 60 had only a 0.2 percent chance of dying from prostate cancer.

High PSA levels after ejaculation - "Ejaculation can cause an elevation of one's PSA level, and so can having a digital rectal exam (DRE)," explains Milner. "These types of PSA elevations are usually not enough to make a significant difference unless one's PSA is borderline. PSA should return to normal in two to three days." Doctors will usually draw blood for a PSA level before doing a rectal exam. Ask your doctor if you should avoid ejaculation for a few days before a PSA test.

High PSA levels from riding one's bike - There have been occasional studies that link prolonged bike riding to an increase in PSA levels, but others haven't found such a connection. "You would probably have to be a Lance Armstrong-type bike rider to worry about bike riding and a significant rise in your PSA," says Castle. "The most important thing to know about PSA is that it is still a really important screening test for prostate cancer, and prostate cancer is still the number two cancer killer behind lung cancer for men."

(Healthline, 2026; Patient Power, 2026; Prostate Cancer Foundation, 2026).

To Have a PSA Screening Test or Not

Making the decision to have a PSA test depends on a variety of factors. Here are some tips that can help in making a good decision.

Cancer screening tests - including the prostate-specific antigen (PSA) test to look for signs of prostate cancer - can be a good idea. Prostate cancer screening can help identify cancer early on, when treatment is most effective. And a normal PSA test, combined with a digital rectal exam, can help reassure one that it is unlikely one has prostate cancer. But getting a PSA test for prostate cancer may not be necessary for some men, especially men 75 and older.

Professional organisations vary in their recommendations about who should - and who should not - get a PSA screening test. While some have definitive guidelines, others leave the decision up to men and their doctors. Organisations that do recommend PSA screening generally encourage the test in men between the ages of 40 and 75, and in men with an increased risk of prostate cancer.

Ultimately, whether one has a PSA test is something one should decide after discussing it with one's doctor, considering one's risk factors and weighing one's personal preferences. A simple test, not-so-simple decision - there are a number of pros and cons to the PSA test.

Pros of PSA Screening	Cons of PSA Screening
PSA screening may help one detect prostate cancer early	Some prostate cancers are slow growing and never spread beyond the prostate gland.
Cancer is easier to treat and is more likely to be cured if it is diagnosed in the early stages of the disease.	Not all prostate cancers need treatment. Treatment for prostate cancer may have risks and side effects, including urinary incontinence, erectile dysfunction and bowel dysfunction.
PSA testing can be done with a simple, widely available blood test.	PSA tests are not fool proof. It is possible for one's PSA levels to be elevated when cancer is not present, and to not be elevated when cancer is present.

For some men, knowing is better than not knowing. Having the test can provide one with a certain amount of reassurance – either that one probably do not have prostate cancer or that one does have it and can now have it treated.	A diagnosis of prostate cancer can provoke anxiety and confusion. Concern that the cancer may not be life-threatening can make decision making complicated.
The number of deaths from prostate cancer has gone down since PSA testing became available.	It is not yet clear whether the decrease in deaths from prostate cancer is due to early detection and treatment based on PSA testing or due to other factors.

(Mayo Clinic, 2026; Centers for Disease Control and Prevention, 2025; Lancet Laboratories, 2025).

Summary for the Average Reader

Prostate Specific Antigen (PSA) screening plays a foundational yet highly debated role in detecting prostate cancer early, guiding diagnostic biopsy decisions, and tracking treatment effectiveness.

While the PSA blood test is a highly sensitive tool for spotting prostate changes before physical symptoms appear, it is not a definitive test for cancer. Because PSA is produced by both normal and cancerous prostate cells, elevated levels can indicate non-cancerous conditions, creating a complex balance between saving lives and overdiagnosing harmless tumors.

Role in Early Screening and Risk Assessment

Early-stage prostate cancer typically presents zero physical symptoms. Routine screening aims to find aggressive tumours before they spread.

- **The Baseline Range:** A PSA level below 4.0 ng/mL has traditionally been considered normal, though cancer can still be present at lower numbers. A value between 4.0 and 10.0 ng/mL points to an approximate 25% chance of cancer.
- **Age Variations:** PSA levels naturally increase as men grow older and the prostate enlarges. Urologists monitor the rate of change over time (PSA velocity) rather than relying on a single, isolated number.
- **Elevated Alternatives:** A high PSA does not automatically mean cancer. It can be triggered by a benign enlarged prostate (BPH), prostate infections (prostatitis), recent cycling, or physical manipulation of the prostate.

Impact on Prostate Cancer Diagnosis

The PSA test acts as the primary "risk signal" that triggers the diagnostic pathway. It is typically performed alongside a Digital Rectal Exam (DRE) to check the physical texture of the gland.

- **The Path to Biopsy:** If your PSA levels are abnormally high or rising consistently, a doctor will recommend further testing like a prostate MRI or a tissue biopsy.
- **The Only Definitive Proof:** A needle biopsy remains the only way to officially diagnose prostate cancer.
- **The Controversy:** Because the test cannot differentiate between aggressive and slow-growing, harmless tumours, screening can lead to overdiagnosis. It often detects "indolent" disease that would never harm the patient during their lifetime.

Role in Treatment Selection and Monitoring

Once a diagnosis is confirmed, PSA levels continue to guide the entire lifecycle of cancer management.

- **Active Surveillance:** For low-risk, slow-growing cancers, doctors use regular PSA checks to safely monitor the disease and delay invasive treatments.
- **Success Tracking:** Following a radical prostatectomy (prostate removal) or radiation therapy, PSA levels should ideally drop to zero or undetectable amounts.

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June 2026

Page 7

- **Spotting Recurrence:** If PSA levels begin to climb again after treatment, it serves as the earliest indicator of cancer recurrence—known as biochemical relapse—often months or years before physical symptoms return.

Current Screening Guidelines

Medical organizations emphasize **shared decision-making** between patients and their physicians to weigh the pros and cons.

- **Ages 40 to 45:** Screening discussions should begin early for men at higher risk, including African-American men and individuals with a strong family history of prostate cancer.
- **Ages 55 to 69:** This window sees the highest benefit for routine screening, where early detection is proven to prevent advanced metastatic cancer and cancer-related deaths.
- **Ages 70 and Older:** Routine screening is generally stopped if a man has less than a 10-year life expectancy, as the risks of overdiagnosis and treatment complications heavily outweigh the benefits.

(AI Overview, 2026).

Medical Disclaimer

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Sources and References Consulted or Utilised

AI Overview. 2026.

https://www.google.co.za/search?q=Role+of+Prostate+Specific+Antigen+%28PSA%29+Screening+on+Prostate+Cancer+Diagnosis+and+Treatment&sca_esv=9809b91374a36a02&udm=50&fbs=ADc_I-aN0CWEZBOHjofHoaMMDiKpV6Bbbmx4QVaoKkiRQ2jlvMg54BMciw6zYi-UcSdrQck8rMmGSoXIUZBtIWRHAg5JOBOTza6sZRY8_IeH4Ilg3mcvSjvrwqd1B1rm_TusA8cDAWD9Cnvgliu4KI3oSaBB3Buz-QM9KSLIntIAMI9biYUJ30tlxwtmMMkvjv-0_ebO9jQKfHO-R3DkfSsL4gKpq7d2g&aep=1&ntc=1&sa=X&ved=2ahUKEwic_vGu1JCVAxUrWkEAHQNIACyQ2J8OegQIEBAD&biw=1172&bih=706&dpr=1.25&mstk=AUTExfAXH18Mlv70hBy7WvqhcZCO6G-jYk9D2bZ3wgGceUPquX9qEYDIpLIXRpNEQuIxRNYVUFx86t8wwUTxbqxcFukzZSo5GfhB2wwy3LJRRPDxuhpIQVKgstltHB0GZ28UgD9GaYqwtokXnpWQ7cNB4z2Bp31NgpvenA0&csuir=1. Accessed on 18 June 2026.

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June 2026

Page 8

Centers for Disease Control and Prevention. 2025. Should I Get Screened for Prostate Cancer? <https://www.cdc.gov/prostate-cancer/screening/get-screened.html>. Accessed on 18 June 2026.

Chan, E.C.Y. & Sulmasy, D.P. 1998. What should men know about prostate-specific antigen screening before giving informed consent? *The American Journal of Medicine*. Volume 105, Issue 4, 1998, Pages 266-274, ISSN 0002-9343, [https://doi.org/10.1016/S0002-9343\(98\)00257-5](https://doi.org/10.1016/S0002-9343(98)00257-5). <https://www.sciencedirect.com/science/article/pii/S0002934398002575>. Accessed on 18 June 2026.

Cochrane US. 2026. Catching It Early: Why the Latest Cochrane Review Shifts the Debate on Prostate Cancer Screening. <https://us.cochrane.org/news/catching-it-early-why-latest-cochrane-review-shifts-debate-prostate-cancer-screening>. Accessed on 18 June 2026.

David, M.K. & Leslie, S.W. 2024. Prostate-Specific Antigen. <https://www.ncbi.nlm.nih.gov/books/NBK557495/>. Accessed on 18 June 2026.

Dejonckheere, C.S., Caglayan, L., Glasmacher, A.R., Wiegrefe, S., Layer, J.P., Nour, Y., Scafa, D., Sarria, G.R., Spohn, S., Essler, M., Hauser, S., Ritter, M., Bernhardt, M., Kristiansen, G., Grosu, A.L., Zamboglou, C. & Gkika, E. 2025. Prostate-specific antigen kinetics after stereotactic body radiotherapy for localized prostate cancer: A scoping review and meta-analysis. *Radiother Oncol*. 2025 Jan;202:110642. *PubMed*.

eCancer. 2025. Long-term European study confirms PSA screening saves lives, deaths from prostate cancer 13% lower after 23 years. <https://ecancer.org/en/news/27208-long-term-european-study-confirms-psa-screening-saves-lives-deaths-from-prostate-cancer-13-lower-after-23-years>. Accessed on 18 June 2026.

Healthline. 2026. 8 Non-Cancerous Causes of High PSA Levels. <https://www.healthline.com/health/mens-health/high-psa-no-cancer#age>. Accessed on 18 June 2026.

Johns Hopkins Medicine. 2026. Prostate Cancer: Age-Specific Screening Guidelines. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/prostate-cancer/prostate-cancer-age-specific-screening-guidelines>. Accessed on 18 June 2026.

Lancet Laboratories. 2025. Early detection and treatment can save your life. *Prostate Specific Antigen (PSA)*. <https://www.lancet.co.za/prostate-cancer/>. Accessed on 18 June 2026.

Len Med Private Hospitals. No Date. Men's Health: PSA Testing and Why Early Screening Could Save Your Life. <https://www.lenmed.co.za/mens-health-psa-testing-and-why-early-screening-could-save-your-life/>. Accessed on 18 June 2026.

Marsden, T., Lomas, D.J., McCartan, N., Hadley, J., Tuck, S., Brown, L., Haire, A., Moss, C.L., Green, S., Van Hemelrijck, M., Coolen, T., Santaolalla, A., Isaac, E., Brembilla, G., Kopcke, D., Giganti, F., Sidhu, H., Punwani, S., Emberton, M. & Moore, C.M. & ReIMAGINE Study Group. 2021. ReIMAGINE Prostate Cancer Screening Study: protocol for a single-centre feasibility study inviting men for prostate cancer screening using MRI. *BMJ Open*. 2021 Sep 30;11(9):e048144. doi: 10.1136/bmjopen-2020-048144. PMID: 34593491; PMCID: PMC8487192. Accessed on 18 June 2026.

Mayo Clinic. 2026. Prostate cancer screening: Should I get a prostate check? <https://www.mayoclinic.org/diseases-conditions/prostate-cancer/in-depth/prostate-cancer/art-20048087>. Accessed on 18 June 2026.

National Cancer Registry, 2024. National Institute for Communicable Diseases (NICD). 2024. *National Cancer Registry*. <https://www.nicd.ac.za/centres/national-cancer-registry/>. Accessed on 03 April 2026.

Nature. 2026. Does the PSA test for prostate cancer save lives? Gold-standard findings show surprising shift. Health-evidence reviewers revisit screening for a common cancer, after decades of controversy. <https://www.nature.com/articles/d41586-026-01549-x>. Accessed on 18 June 2026.

Oncology Central. 2023. ReIMAGINE study demonstrates feasibility of MRI-enhanced prostate cancer screening. <https://www.oncology-central.com/reimagine-study-demonstrates-feasibility-of-mri-enhanced-prostate-cancer-screening/>. Accessed on 18 June 2026.

Patient Power. 2026. Very High PSA Levels and No Cancer. <https://www.patientpower.info/prostate-cancer/high-psa-no-cancer>. Accessed on 18 June 2026.

Premier Medical Group. 2026. Confronting A Controversy- The PSA Question. <https://www.premiermedicalhv.com/news/confronting-a-controversy-the-psa-question/>. Accessed on 18 June 2026.

Prostate Cancer Foundation. 2026. What are Some Other Causes of a High PSA? What are Some Other Causes of a High PSA? Accessed on 18 June 2026.

Prostate Specific Antigen

Clinical Laboratory Science. 2026. Prostate specific antigen (PSA). <https://clinicalsci.info/prostate-specific-antigen-psa/>. Accessed on 18 June 2026.

Sundaresan, V.M., Smani, S., Rajwa, P., Renzulli, J., Sprenkle, P.C., Kim, I.Y. & Leapman, M.S. 2025. Prostate-specific antigen screening for prostate cancer: Diagnostic performance, clinical thresholds, and strategies for refinement. *Urol Oncol.* 2025 Jan;43(1):41-48. *PubMed*.

Tidd-Johnson, A., Sebastian, S.A., Co, E.L., Afaq, M., Kochhar, H., Sheikh, M., Mago, A., Poudel, S., Fernandez, J.A., Rodriguez, I.D. & Razdan, S. 2022. Prostate cancer screening: Continued controversies and novel biomarker advancements. *Curr Urol.* 2022 Dec;16(4):197-206. doi: 10.1097/CU9.000000000000145. Epub 2022 Aug 31. PMID: 36714234; PMCID: PMC9875204. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9875204/>. Accessed on 18 June 2026.

University College London. 2023. MRI scans improve prostate cancer diagnosis in screening trial. <https://www.ucl.ac.uk/news/2023/aug/mri-scans-improve-prostate-cancer-diagnosis-screening-trial-0>. Accessed on 18 June 2026