American Cancer Society Updates Prostate Cancer Screening Guideline: Major Changes Include Regular PSA Testing for Average and High-Risk Men

The guideline aims to lower prostate cancer deaths, focusing on clinical management strategies to reduce harms associated with PSA testing

Key Takeaways:

- Regular screening is recommended with a PSA-based test to detect prostate cancer earlier and reduce the risk of diagnosis of advanced prostate cancer and death.
- Updates include recommendations for men at average risk and men who are at higher risk, including Black men and men with a family history of prostate cancer.
- The previous ACS prostate cancer screening guideline did not include a direct recommendation for regular screening, but rather that most men undergo shared decision-making with their healthcare provider about testing for the disease.
- The changes reflect stronger evidence of the benefits of PSA-based screening combined with the increasing use of management strategies that can reduce harms such as unnecessary biopsies and treatment.

ATLANTA, November 12, 2026 — The American Cancer Society (ACS) today released an updated guideline for prostate cancer screening to help find cancer before it spreads and reduce the risk of dying from the disease. Key changes include a direct recommendation for prostate-specific antigen (PSA)-based screening every two years for average-risk men aged 50-69, with clinicians ensuring patients understand the potential benefits, limitations, and harms before starting screening. Also, ACS recommends annual PSA-based screening beginning at 45 years old for Black men and men with a strong family history of prostate cancer.

Since the previous ACS guideline was published in 2010, there is stronger evidence showing that screening for prostate cancer with a PSA test significantly reduces prostate cancer mortality and diagnosis of advanced-stage disease. A PSA test is a simple blood test that measures the level of prostate-specific antigen. There have been advances in approaches to an elevated PSA that can reduce the risk of adverse outcomes associated with diagnosing and treating prostate cancer that may not be life-threatening. The guideline update is published in a report in *CA: A Cancer Journal for Clinicians*, the flagship journal of ACS.

“PSA testing remains the cornerstone of detecting prostate cancer early, and we now have stronger evidence of its benefits,” said Dr. Robert Smith, senior vice president, early cancer detection science, and director, Center for Early Cancer Detection at the American Cancer Society and senior author of the report. “We also have better approaches to catching lethal tumors while avoiding unnecessary tests for slow-growing cancers that may never need aggressive care. The PSA test is just the first step in a screening process. Secondary testing for men with elevated PSA levels determines who needs a biopsy if an individual has prostate cancer, and if so, who needs immediate treatment and who can be safely monitored via active surveillance. These updated guidelines are a critical step toward preventing diagnoses of advanced disease, reducing premature deaths, and minimizing treatment-related harms.”

Prostate cancer is one of the most common cancers in men and is the second leading cause of cancer death in men in the United States. An estimated 333,830 men will be diagnosed with prostate cancer in 2026, with an estimated 36,320 men dying of the disease. Incidence and mortality rates display substantial disparities across racial and socioeconomic groups.

For this update, ACS conducted a systematic evidence review and commissioned a modeling study to evaluate the benefits and harms of PSA-based screening strategies. Consistent with ACS procedures, an interdisciplinary volunteer Guideline Development Group, including clinicians, epidemiologists, biostatisticians, and patient representatives, was charged with updating the cancer screening guidelines.

Updated ACS recommendations for prostate cancer screening include:

- PSA-based screening every two years for average-risk men aged 50 to 69 years.
- Men at high risk, including Black men and non-Black men with a strong family history of prostate cancer (either a first-degree relative diagnosed before age 65, or multiple first-degree relatives diagnosed at any age), should undergo annual PSA-based screening from age 45 to 69 years.
- Non-Black men with a single first-degree relative diagnosed at age 65 or older should be screened every two years from ages 45 to 69.
- Individualized decision-making on continuing screening is recommended for men aged 70 to 74 years, as the balance of benefits and harms remains uncertain.
- Men with elevated PSA levels (3.0 ng/mL or higher for men aged 45 to 69 years, and 6.5 ng/mL or higher for men aged 70 to 74 years) should undergo repeat PSA testing between two weeks and three months.
- Men with a confirmed elevated PSA should be offered testing by magnetic resonance imaging (MRI) and/or a validated biomarker to guide biopsy decisions.
- Screening is not recommended for men aged 75 years and older. Some men ages 75 to 79 who are very healthy may want to continue screening, especially if their PSA has been rising on previous tests. But this should be discussed with a healthcare provider.
- Screening is not recommended for men aged 80 and older, and for men who are not expected to live another ten years.
- Men diagnosed with prostate cancer that has a low risk of growing or spreading should be offered active surveillance as the initial management option.

Why these changes?
The updated guideline reflects the contemporary evidence on the efficacy of PSA-based screening to reduce prostate cancer deaths and diagnoses of advanced-stage disease. The updated recommendations are intended to reduce the uncertainty about the effectiveness of prostate cancer screening, and to emphasize the identification of clinically significant cancers earlier, particularly among men at increased risk, and to avoid aggressive treatment of prostate cancers that are not life-threatening.

As part of the “living guideline” process, ACS scientists and volunteers will continue to monitor the evidence base for new screening and treatment strategies as they emerge, and the guideline will be periodically updated to reflect important, evidence-based advances in the clinical practices that drive screening outcomes.

“By making a direct recommendation for men to engage in screening and advocating for earlier and more frequent screening for Black men, our aim is also to help reduce prostate cancer disparities and ease the disease burden,” said Dr. William Dahut, chief scientific officer at the American Cancer Society and a contributing author of the study. “Black men experience a 67% higher incidence and nearly double the mortality rate compared with White men, an inequity that needs immediate reversal.”

The American Cancer Society’s advocacy affiliate, the American Cancer Society Cancer Action Network (ACS CAN), continues to work at all levels of government in support of policies that help remove barriers to prostate cancer screenings. “Early detection of cancer can save lives. However, cost sharing or out-of-pocket costs can be a significant hurdle to getting the prostate cancer screenings needed to detect the disease early,” said Lisa A. Lacasse, president of ACS CAN. "In line with evidence-based recommendations, ACS CAN will advocate for access to coverage of prostate screening services, including follow-up testing with no cost sharing, which will help reduce disparities and save more lives.”

Today’s published guideline report also includes a patient page supporting the new guideline. *CA* journal Patient Pages provide highly relevant, evidence-based medical content in a structured, concise format that addresses typical patient questions about diseases, their related symptoms, and prevention. This tool helps patients understand specific conditions and treatment options.

"Think of prostate cancer screening as an early warning system for your health,” said Dr. Shanthi Sivendran, interim chief patient officer for the American Cancer Society. “By catching aggressive cancers with a simple PSA blood test, you open the door to highly effective treatments that protect your future. Meanwhile, lower-risk findings can be safely managed through careful, active surveillance."

ACS researchers Dr. Deana Baptiste, Tyler Kratzer, MPH, and Dr. Hormuzd Katki also contributed to the report.

Additional ACS Resources:

- Prostate Cancer Screening Guidelines
- Prostate Cancer Information
- Prostate Cancer Research Highlights
- Cancer Statistics 2026
- ACS CancerRisk360

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About the American Cancer Society
The American Cancer Society is a leading cancer-fighting organization with a vision to end cancer as we know it, for everyone. For more than 110 years, we have been improving the lives of people with cancer and their families as the only organization combating cancer through advocacy, research, and patient support. We are committed to ensuring everyone has an opportunity to prevent, detect, treat, and survive cancer. To learn more, visit cancer.org or call our 24/7 helpline at 1-800-227-2345. Connect with us on Facebook, X, and Instagram.

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