INESSS
LE SAVOIR PREND FORME

JANUARY 2018

# Use of the prostate-specific antigen (PSA) test in prostate cancer screening in Québec (portrait)

English summary

Une production de
l'Institut national de santé publique du Québec (INSPQ) en collaboration avec l'Institut national d'excellence en santé et en services sociaux (INESSS)

Québec

This is the English summary of the guidance entitled Utilisation du dosage de l'antigène prostatique spécifique (APS) pour le dépistage du cancer de la prostate au Québec published in January 2018. The complete version of this guidance (in French) is available on the website of INESSS in the Publications section.


**Équipe de projet**

**Auteurs**
Linda Perron, M.D., Ph. D., INSPQ
Michel Rossignol, M.D., M. Sc., INESSS

**Collaboration**
Marc-André Dubé, M. Sc., INSPQ
Marie-Hélène Guertin, Ph. D., Centre de recherche du CHU de Québec - Université Laval
Denis Hamel, M. Sc., INSPQ
Senaba Sambe, M. Sc., INSPQ

**Direction scientifique**
Michèle de Guise, M.D., INESSS

**Coordination scientifique**
Jim Boulanger, Ph. D., INESSS
Mélanie Martin, Ph. D., INESSS

**Repérage d'information scientifique**
Linda Perron, M.D., Ph. D., INSPQ

**Soutien documentaire**
Flavie Jouandon

# SUMMARY

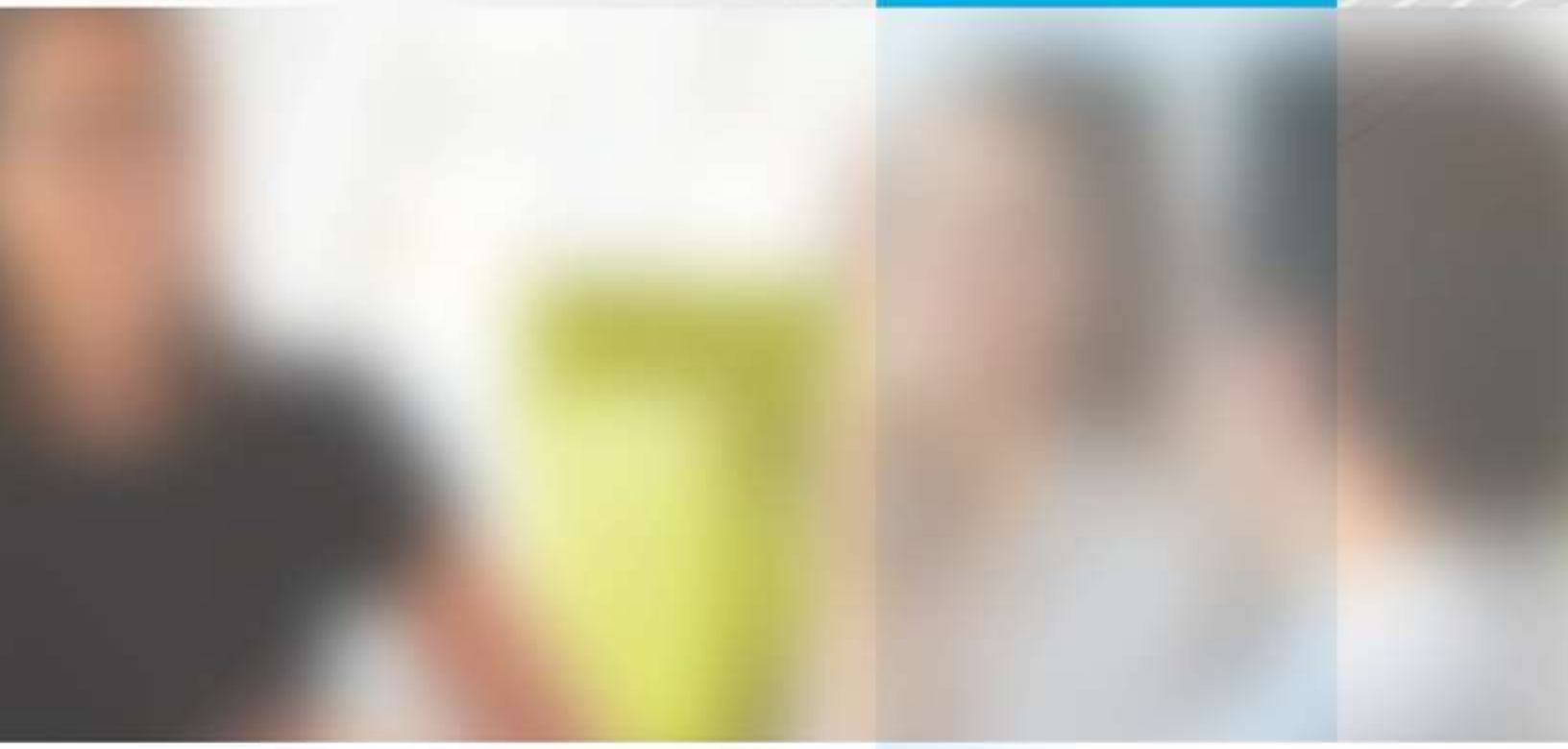
The use of the prostatic-specific antigen (PSA) test in prostate cancer screening is a much-debated topic. Despite this, there is no descriptive overview of this practice and its potential benefits in Quebec. This document describes changes in the use of the PSA test in parallel with changes in some main indicators of the fight against prostate cancer in Quebec.

The information in this portrait comes from medico-administrative databases, survey data and data from a Quebec population-based study. Overall, the trends presented extend from the early 1980s to the present time. The indicators are presented for all of Quebec, by age group and by region. The rates for all of Quebec are standardized to the 2011 Canadian population.

The use of PSA-based screening is widespread in Quebec and covers, in addition to the men generally targeted by the screening (55 to 69 years), men who are not, that is, those aged 40 to 54 years and 70 years and older. In the past 30 years, the prostate cancer hospitalization rate has increased in men aged 50 to 69 years, but it has decreased in men aged 70 years and older. The number of prostate biopsies, prostate cancer hospitalizations and radical prostatectomies peaked around the mid-2000s and then started to decline. Lastly, the prostate cancer death rate has decreased by half in the past 20 years. All the trends observed in Quebec seem comparable to those reported for the same periods in other Canadian provinces or for all of Canada.

This statistical portrait which has been produced as a supplement to the report on the use of PSA in prostate cancer screening, is aimed at enriching the discussion about the key issues surrounding this practice, its benefits, and its future in Quebec. The use of the PSA screening test could well explain the increase in the number of prostate cancer hospitalizations in men aged 50 to 69 years over the past 30 years. It also probably explains the sustained increase in the volume of care (prostate biopsies, prostate cancer hospitalizations and radical prostatectomies) until the mid-2000s. Also, the decline in the volume of care (biopsies, hospitalizations and prostatectomies) since the mid-2000s is no doubt multifactorial. The reasons for the steady decrease in the prostate cancer death rate in the past 20 years are probably multiple as well.

The results of this overview constitute a point of reference for measuring the impacts that the upcoming dissemination of INESSS's report on the use of the PSA test for screening purposes will have and for measuring the potential impact of the use of this test in the fight against prostate cancer in Quebec.



Québec