Prostate Cancer Foundation of Australia

RESEARCH AWARENESS SUPPORT

2026 Guidelines for the Early Detection of Prostate Cancer in Australia

Flowcharts

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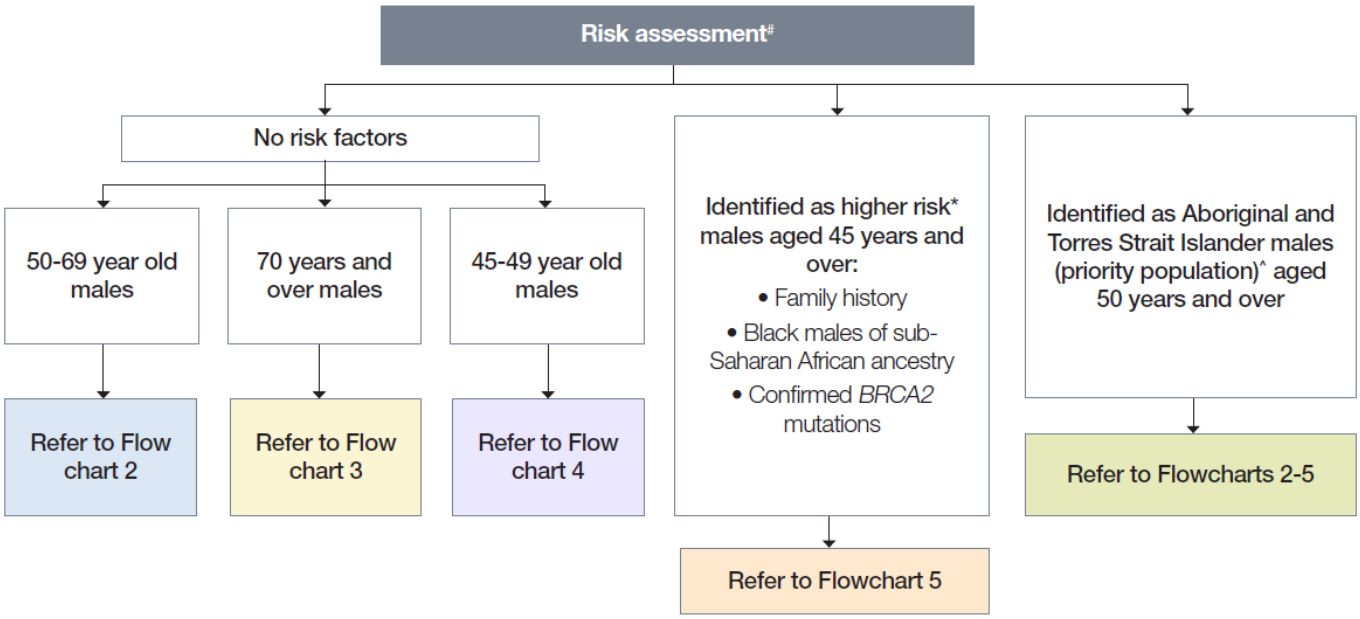
Risk assessment flowchart

Flowcharts reflecting the PSA testing recommendations have been developed to aid clinical decision making.

This flowchart, and all flowcharts contained in this Guideline, include recommendations for those males who, after informed decision making, choose to have testing. Any individual may choose to opt out or opt back in at any time.

Flowchart 1: Risk assessment for the early detection of prostate cancer in Australia



#Refer Section A: Risk assessment.

**For the purposes of this review, males are considered to be at higher risk if they have a risk of clinically significant prostate cancer or prostate cancer death that is at least double that of the overall risk for the Australian male population. This includes:*

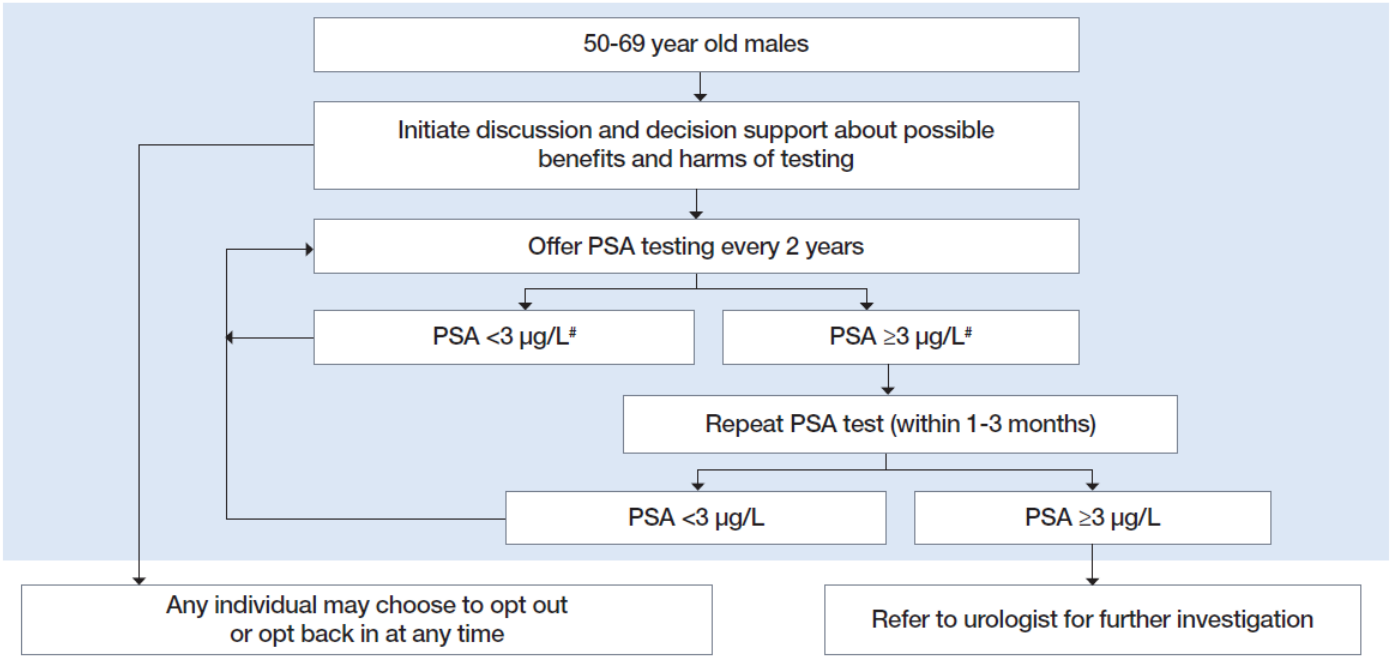
- *Males with a significant family history*
  - *a brother diagnosed with prostate cancer*
  - *a father diagnosed with prostate cancer before the age of 65*
  - *two or more second-degree relatives who died of prostate cancer.*
- *Black males of sub-Saharan African ancestry*
- *Males with a BRCA2 mutation*

Note: For the technical review, clinically significant prostate cancer is prostate cancer that is ISUP grade group 2 or more. For clinicians this means prostate cancers that are more likely to impact quality or quantity of life.

Familial syndromes such as hereditary breast and ovarian cancer and Lynch syndrome are also associated with increased risk of clinically significant prostate cancer compared to the general population.

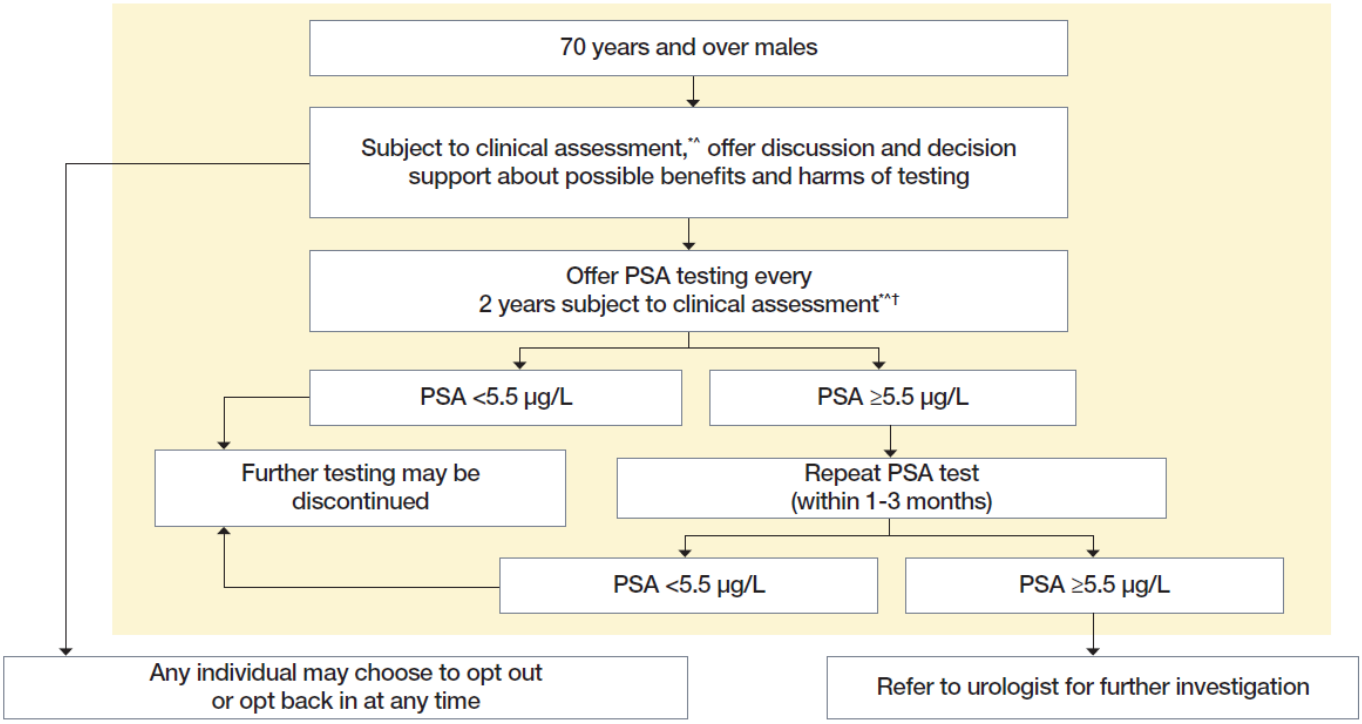
^ PSA testing recommendations for Aboriginal and Torres Strait Islander males are the same as for the general population. Refer Section C: Priority populations for further considerations.

Flowchart 2: PSA testing of 50 to 69 year old males, not at higher risk, in the primary care setting



 # PSA ≥2 µg/L if higher risk (refer Flowcharts 1 and 5*)*

Flowchart 3: PSA testing of males 70 years and over, not at higher risk, in the primary care setting.

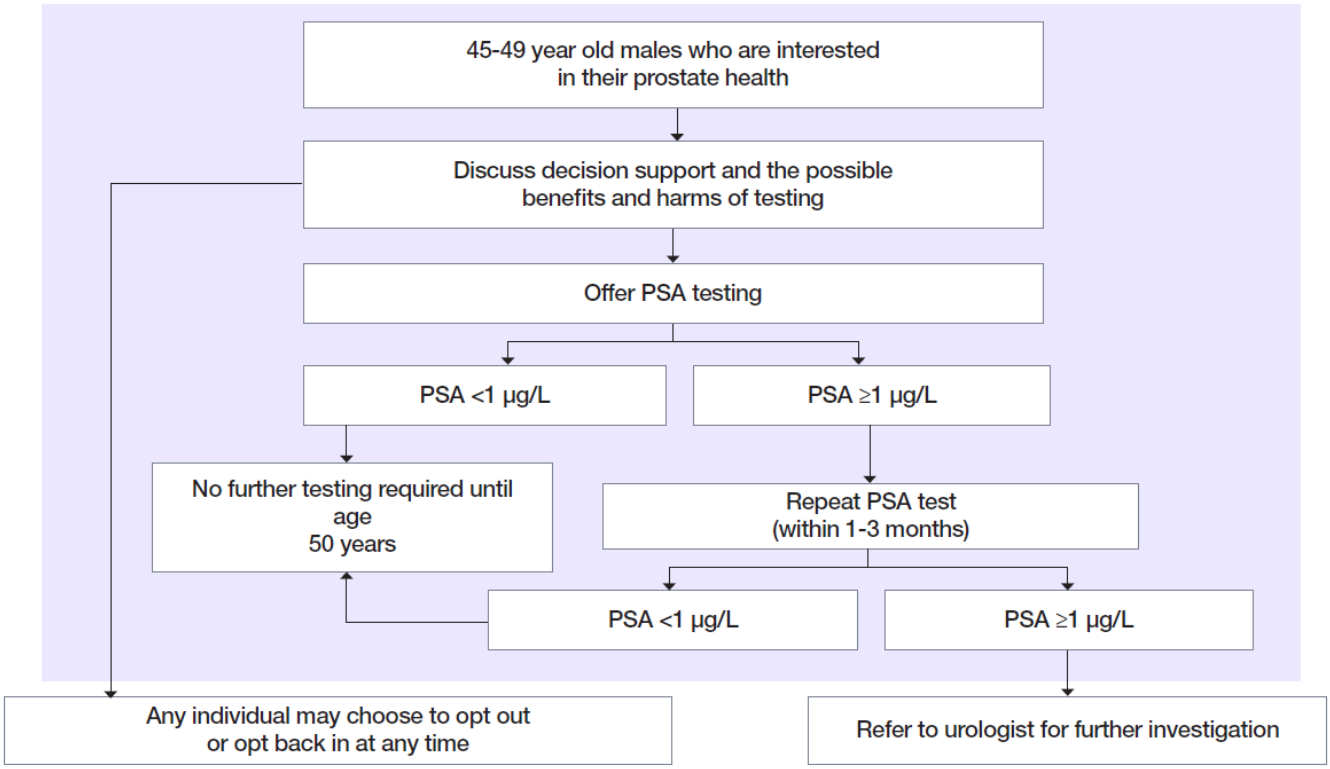


** Only offer testing if life expectancy is greater than 7 years.*

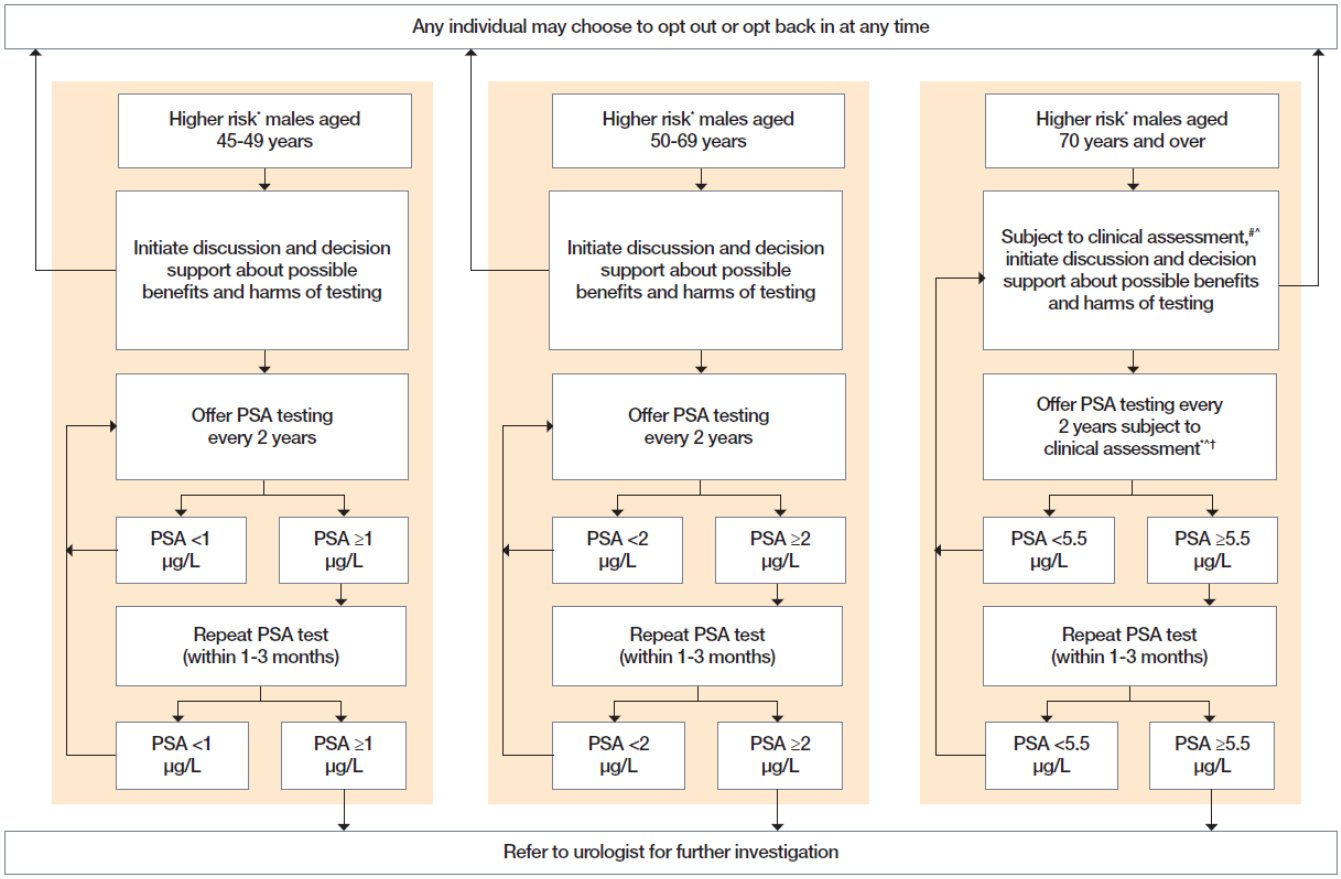
^ Clinical assessment should include consideration of life expectancy, comorbidities, and patient values and preferences.

† Cease PSA testing when life expectancy is limited or when comorbidities make prostate cancer treatment unlikely to improve quality or length of life.

Flowchart 4: PSA testing of 45 to 49 year old males, not at higher risk, in the primary care setting



Flowchart 5: PSA testing of males at higher risk in the primary care setting



**For the purposes of this review, males are considered to be at higher risk if they have a risk of clinically significant prostate cancer or prostate cancer death that is at least double that of the overall risk for the Australian male population. This includes:*

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  - *a father diagnosed with prostate cancer before the age of 65*
  - *two or more second-degree relatives who died of prostate cancer.*
- *Black males of sub-Saharan African ancestry*
- *Males with a BRCA2 mutation*

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Familial syndromes such as hereditary breast and ovarian cancer and Lynch syndrome are also associated with increased risk of clinically significant prostate cancer compared to the general population.

 # Only offer testing if life expectancy is greater than 7 years.

^ Clinical assessment should include consideration of life expectancy, comorbidities, and patient values and preferences.

† Cease PSA testing when life expectancy is limited or when comorbidities make prostate cancer treatment unlikely to improve quality or length of life.