

Introduction

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INTRODUCTION

Prostate cancer is the most common cancer and second most common cause of death in males in most industrialized countries (*Patrik et al., 2000*). To decrease the mortality from cancer prostate, detection of early cancer and early treatment are most effective, therefore, screening may play an important role in decreasing the mortality of prostate cancer (*Uchida et al., 2000*).

The American Urological Association and the American Cancer Society recommend offering prostate cancer screening with PSA testing and digital rectal examination beginning at age of 50 years in men with a life expectancy of 10 years or more *American Urological Association (AUA) 2000, and Smith et al., 2000*. The goal of early detection is to identify patients who have clinically significant prostate cancer, that are at an early stage when treatment is most likely to be effective (*American Urological Association, 2000*).

PSA is currently the best single test for screening of cancer prostate and early prostate cancer detection but the combination of PSA and DRE is better because DRE will detect some of the tumor in patients who have prostate cancer despite a normal PSA of less than 4.0 ng/ml (*Coley et al., 1995 & 1997*).