Memorandum: Core #231

To: UNC Medical Center Attending Physicians, Faculty Practice Physicians, House staff, Department Heads and Supervisors, UNC Hillsborough Hospital, UNC Health Eastowne

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Date: February 6, 2026

Subject: Age-Specific Prostate Specific Antigen Reference Ranges and Prostate Cancer Screening Agile Pathway

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Effective 2/17/2026 all UNC Health Laboratories will implement age-specific Prostate Specific Antigen (PSA) reference ranges. This change coincides with the release of a new Prostate Cancer Screening Agile Pathway for patients ≥40 years.

EPIC Order: PSA (Prostate specific antigen)

Age Group	Age-Specific PSA Threshold	Comment
40-49 years	≥2.5 ng/mL	Developed based on a multi-disciplinary consensus panel review of the literature. Age-specific PSA thresholds may better reflect biological variation. All recommendations and decisions should be made in conjunction with the patient after discussion and counseling. Patient-specific risk factors, trends, health status, and preferences should be considered. If PSA ≥ 2.5 ng/ml, consider referral to Urology If PSA < 2.5 ng/ml, resume screening at age 50*

		*For men at increased risk, continue screening every 1-2 years. Risk factors include: Black ancestry, germline mutations, and strong family history of prostate cancer
50-69 years	≥3.5 ng/mL	Developed based on a multi-disciplinary consensus panel review of the literature. Age-specific PSA thresholds may better reflect biological variation. All recommendations and decisions should be made in conjunction with the patient after discussion and counseling. Patient-specific risk factors, trends, health status, and preferences should be considered. If PSA ≥ 3.5 ng/ml, consider referral to Urology If PSA < 3.5 ng/ml, consider screening every 2-4 years* *For men at increased risk, continue screening every 1-2 years. Risk factors include: Black ancestry, germline mutations, and strong family history of prostate cancer
≥70 years	≥6.5 ng/mL	Developed based on a multi-disciplinary consensus panel review of the literature. Age-specific PSA thresholds may better reflect biological variation. All recommendations and decisions should be made in conjunction with the patient after discussion and counseling. Patient-specific risk factors, trends, health status, and preferences should be considered. If PSA ≥ 6.5 ng/ml, consider referral to Urology If PSA < 6.5 ng/ml, consider discontinuation of screening versus prolonged screening interval

References:

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