非傳染病處

衞生防護中心
Centre for Health Protection
保障市民健康
Protecting Hong Kong's health

Non-Communicable Disease Branch

本署檔號 Our Ref.: DH NCDB/7/18/1 XIV

18 June 2026

Dear Doctors,

Updated Recommendations on Prostate Cancer Screening

We write to inform you that the Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) under the Cancer Coordinating Committee chaired by the Secretary for Health has revised the recommendations on prostate cancer screening.

Taking into consideration the local epidemiology, emerging scientific evidence, national and international screening recommendations, the CEWG has revised the recommendations on prevention and screening for prostate cancer for the local population, as follows:

<table>
<tr><th colspan="2">Prevention</th></tr>
<tr><td colspan="2">1. All individuals are recommended to adopt a healthy lifestyle (including no smoking, avoid alcohol consumption, maintain a healthy body weight by having regular physical activities and healthy diet) to reduce the risk of prostate cancer.</td></tr>
<tr><th>For asymptomatic population at average risk</th><th>For asymptomatic persons at increased risk</th></tr>
<tr><td>2. There is insufficient scientific evidence to recommend for or against population-based prostate cancer screening in asymptomatic men.</td><td rowspan="2">4. Men at increased risk, such as those with germline mutations (including BRCA2 mutations) or those with a family history of prostate cancer, should consider seeking advice from their doctor regarding the need for and the approach of screening. The screening blood test to be considered is PSA. The age to start and stop screening as well as the screening interval should be individualised. DRE alone is not recommended for prostate cancer screening.</td></tr>
<tr><td>3. Asymptomatic men considering prostate cancer screening should discuss the potential benefits and harms of screening with their clinicians so that they can make an informed decision. The screening blood test to be considered is prostate-specific</td></tr>
</table>

antigen (PSA). The age to start and stop screening as well as the screening interval should be individualised. Digital rectal examination (DRE) alone is not recommended for prostate cancer screening.	
5. For men with an elevated PSA, further assessment options may be considered to inform biopsy decisions where applicable, such as magnetic resonance imaging (MRI) and serum biomarkers, e.g., Prostate Health Index (PHI) and 4K score.	

For details of the CEWG recommendations, please refer to the Centre for Health Protection's website at https://www.chp.gov.hk/en/static/100854.html.

Thank you for your support.

Yours faithfully,



(Dr. Anne CHEE)
Head, Non-Communicable Disease Branch
Centre for Health Protection
Department of Health