The US Preventive Services Task Force has updated its Prostate Cancer Screening Recommendation Statement to recommend that clinicians individualize PSA screening for men aged 55-69. Why the change? Well, in men aged 55-69, Prostate Specific Antigen or PSA Screening yields a small potential prostate cancer mortality benefit and known harms over a period of 10-15 years. Studies show that of 1000 men offered PSA-based screening, 240 get a positive result. Of those, 140 positive PSA results are false positives; while 100 of the 240 get a positive biopsy showing definite cancer. 20-50 of the 100 with definite cancer will have cancer that never grows, spreads, or harms them. That is cancer overdiagnosis. 80 of the 100 will choose surgery or radiation, 50 will develop erectile dysfunction and 15 will develop urinary incontinence. About 1 man in 1000 avoids death from prostate cancer. Based on these numbers, the Task Force does not recommend PSA screening unless men express a preference for it after being informed of and understanding that few men will benefit and many men will be harmed. A grade C recommendation meaning selectively offer or provide PSA screening based on professional judgment and patient values. There is moderate certainty that the net benefit is small for some men. This grade C recommendation is a change from the Grade D 2012 recommendation not to screen because of long-term trial follow-up confirming small mortality benefit and increased use of active PSA surveillance in place of surgery since the last recommendation. African-American men and those with a family history are more likely to develop prostate cancer, and African-American men have twice the mortality from prostate cancer as white men. It's possible that African-American men and those with a family history may experience greater benefits from any and earlier-age screening, but the Task Force was unable to make separate recommendations pending more direct evidence of net benefit. For all men aged 70 and older, including African American men and those with family histories of prostate cancer, the Task Force recommends against routine PSA-based screening because the potential benefits don't outweigh the risks of false-positive results, harms from biopsy and treatment, and cancer overdiagnosis. A grade D recommendation meaning clinicians should discourage use of PSA screening. There is moderate certainty that the benefits do not outweigh the expected harms.