

## Risk and frequency of testing

The UK has no National Prostate Cancer (PCa) Screening Programme and many men are unaware of the risk their prostate gland poses. Consequently over 12,000 men die from PCa every year in the UK well above our European neighbours.

Risk can be calculated from a number of factors such as: Age (60% of men diagnosed are over 65 years), Ethnicity (African/Caribbean descent), Family History (prostate cancer and/or breast/ovarian cancer on maternal side) and any previous PSA result. These facts can determine the frequency of future PSA testing.

If you are at increased risk, we suggest you should start screening in your 40s as you are potentially 2 to 3 times more at risk of developing prostate cancer.

It is the most common cancer in men over the age of 55 years and an estimated 1 in 8 men will develop the disease in their lifetime. 1 in 2 men, however, will have a prostate problem in their lifetime, usually caused by an enlarged benign prostate, which will cause an elevated PSA reading.

There are no guidelines for the frequency of PSA testing, the information on the PCaSO result letters are for guidance only. This does not prevent men from seeking regular testing if they or their GP feel it would be appropriate.

## Concerns about the test?

The main concerns of some medical practitioners are - "it is inaccurate" and "it risks over-treatment"

However, the PSA test alone is never used to diagnose but simply to help identify men with a prostate health problem or risk of cancer. Following a high reading the next test would be an MRI scan, before any biopsy is even considered.

Those found to have low risk disease are put on Active Surveillance. Only those found to have a more aggressive cancer are offered treatment.

Yes, some treatments may have implications with sexual and/or bladder function, but many men may prefer this to being one of over 12,000 men who die in the UK each year of the disease.

## Here to help

PCaSO Prostate Cancer Support Organisation is your point of contact for advice and support if you live in Sussex, Hampshire or Dorset. We are an entirely volunteer patient-run charity with over 600 members.

Ask for our acclaimed Prostate Cancer Information Booklet "**Knowledge Empowers**"

If you need further information about prostate cancer and the treatment options.

Email request to - [info@pcaso.org](mailto:info@pcaso.org) or go to - [www.pcaso.org/publications/](http://www.pcaso.org/publications/)

### For information about PSA test events being held in our region:

See website:  
[www.pcaso.org/psa-testing/](http://www.pcaso.org/psa-testing/)

**Sussex** - Roger Bacon 07434 544894

**Hampshire** - Peter Weir 01489 892168

General enquiries email: [info@pcaso.org](mailto:info@pcaso.org)

### Our Medical Advisers:

**Prof. Christopher G. Eden, MS, FRCS (Urol.)**  
(Royal Surrey County Hospital)

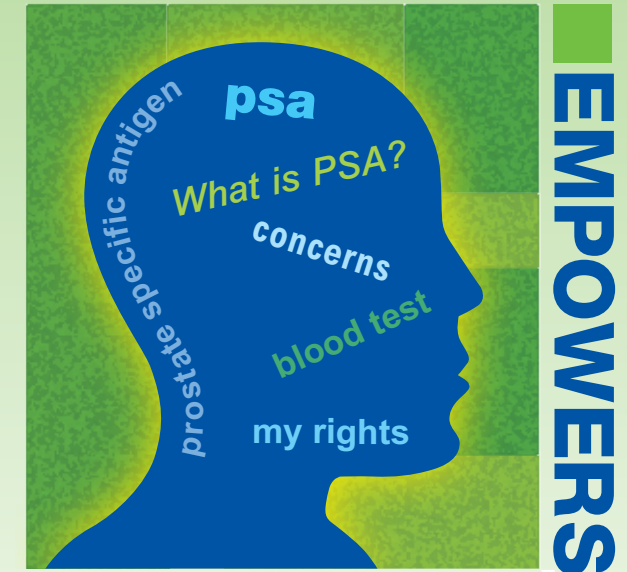
**Prof. Chris Parker, BA, MD, MRCP, FRCR**  
(Royal Marsden Hospital and Institute of Cancer Research)

**Dr Angus Robinson, MBBS, MRCP, FRCR**  
(Royal Sussex County Hospital)

# The PSA Test

*All you need to know*

## KNOWLEDGE



**Prostate Cancer  
Support Organisation**

Registered Charity No: 1170536

## What is PSA?

PSA stands for Prostate Specific Antigen.

It is a protein made by the prostate gland, which naturally leaks out into the bloodstream. From puberty, a man's prostate gland will begin to enlarge and produce an increase in PSA, therefore 'normal' levels increase with age. A



PSA blood test can be used to measure the level of prostate activity. Only a small amount of blood is taken from a vein in the arm by a trained phlebotomist.

### What does it tell me?

The PSA test is NOT a test to diagnose prostate cancer. An

abnormally high reading can sometimes indicate the presence of prostate cancer or other abnormalities such as

- a normal enlargement of the prostate;
- a urinary tract infection (UTI)
- inflammation of the gland (prostatitis);
- urinary retention;
- any recent prostate procedure such as a biopsy or TURP operation;
- or it could be prostate cancer, especially if the PSA reading is very high.

The rate at which the PSA level increases over time may give the doctor a better indication of a problem with the prostate. Therefore, monitoring the PSA level at regularly intervals, is a more reliable indicator than a one-off test.

## Symptoms

Early stage prostate cancer does not generally have any symptoms, which are -

- Frequent need to urinate, especially at night.
- Bursting to urinate, slow flow, difficult, painful.
- Stop/start and dribbling, or blood in the urine.

## For and against the test

### Advantages:

- The PSA test is currently the best method of identifying increased risk of prostate cancer in men with or without symptoms.
- It can lead to an early indication of cancer at a potentially curable stage, before symptoms appear.
- It may reassure you if the result is normal.

### However:

- Typically three out of four men with a raised PSA do not have cancer. Called a 'false positive' result.
- A definitive diagnosis requires an MRI scan and possibly a biopsy of the prostate.
- A raised PSA may therefore lead to further invasive tests, which may later prove to have been unnecessary.
- In a small percentage of men who have a normal PSA, cancer is present, as some rare forms of prostate cancer do not raise the PSA level. This is called a 'false negative' result.

## Your rights

All men over the age of 50 are entitled to discuss the option of having a free PSA test with their GP as part of a scheme called the Prostate Cancer Risk Management Programme (PCRMP, Public Health England).

The PCRMP is there to help GPs give clear and balanced information to men without symptoms who ask about PSA testing. Your GP should discuss with you the benefits, limitations and risks of the PSA test to help you decide whether or not to have it. Under the guidelines

of the PCRMP, after such a discussion, it is the right of any well man over 50 years to decide for himself.

## Knowing your result

It is important that you know the actual result. You are advised to keep a record of the figures from each test in order to check for any abnormal rise.

A raised level of PSA should prompt further investigation by your GP. If there is a cause for concern, you will be referred to a urologist who is likely to arrange an MRI scan, that can detect if any cancer is in the gland.

If you have had a test with us before, the colour coding of your result may change in accordance with the amended levels that are aimed at men without symptoms.

AGE RANGE	PSA should be		Raised levels
	GREEN Normal	AMBER Normal Alert	RED Warning/Referral
40 to 49	Less than 1.50	1.5 - 2.49	2.5 or above
50 to 69*	Less than 2.50	2.5 - 2.99	3.0 or above
70 +	Less than 3.00	3.0 - 3.99	4.0 or above
80 +	No clinical data available - discuss with your Doctor		

\* The age related level, 50 to 69 is recommended under the PCRMP guidelines.

## Can I have the test at any time?

Under the NHS it is only recommended for men over 50. You should avoid any vigorous exercise (particularly cycling) or ejaculation, for 48 hours before the test as both, in some men, can cause mild elevation. Conversely, if a man is taking medication for an enlarged prostate (finasteride/dutasteride/combodart), the PSA reading will be half its true level. The implication of this is that whilst your recorded PSA result maybe within the normal levels, when doubled it may indicate a raised reading requiring further investigation.