

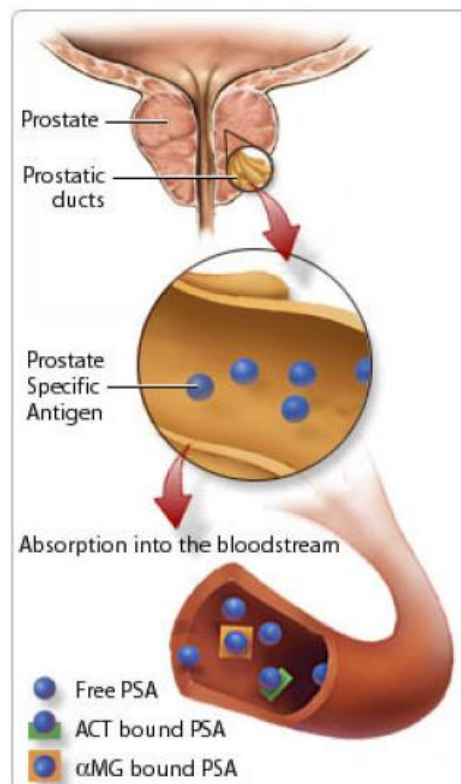
Urology department

Advice to patients requesting PSA (prostate specific antigen) measurement:

Frequently asked questions

What is the aim of this leaflet?

Prostate cancer is a serious condition. The PSA test, which can give an early indication of prostate cancer, is available to you if you want to be tested. However, experts disagree on how useful the PSA test is. This is why there is a lot of research and why there is no national screening programme for prostate cancer in the UK. The aim of this leaflet is to give you a balanced view about the PSA test and to raise matters which you may wish to think about. We hope it will help you decide whether or not you should have the test but there is, of course, no simple right or wrong answer. You may want to talk about this information with your doctor or a trained practice nurse and, in addition, you may wish to speak to your partner about it.



What is the prostate?

The prostate is a sex gland which lies just below the bladder in men. It provides fluid to help produce healthy sperm. The prostate surrounds the tube (called the urethra)

that carries urine out through the penis. Because of this, problems affecting the prostate gland can sometimes affect how you urinate as well as possibly changing your sexual function.

Prostate cancer is the commonest cancer and the second most common cause of cancer death in men in the UK. Each year in the UK, about 37,000 men are diagnosed with prostate cancer and 10,000 die from the disease. Prostate cancer is less common in men below the age of 50 years and the average age for diagnosis is 70 to 74 years. The risk is greater for men who have a family history of prostate cancer and in black-African or black-Caribbean men. Prostate cancer is also more common in developed, western countries, suggesting that there may be a link with lifestyle factors such as diet.

Prostate cancer can grow very slowly or very quickly. Slow growing cancers are common and may not cause symptoms or shorten life.

What is a PSA test?

The PSA test is a blood test that measures the level of prostate specific antigen (PSA) in your blood. PSA is made by the prostate gland and some of it will leak into your bloodstream, depending on your age and the health of your prostate.

Although the PSA test is often done to detect cancer in men who have problems passing urine and is also used to help in the treatment of men who are known to have prostate cancer, it can also detect early prostate cancer before it causes symptoms or any abnormality of the prostate.

Although using the PSA test in this way to screen for prostate cancer is sometimes recommended, some doctors do not think it is necessarily a good thing because it may detect very small cancers that pose no risk to your health.

A raised level may mean you have prostate cancer. About two out of three men with a raised PSA level will not have prostate cancer. The higher the levels of PSA, the more likely it is to be a sign of cancer. The PSA test can also miss cancer.

However, other conditions which are not cancerous (for example, benign enlargement of the prostate, prostatitis, and urinary infection) can also cause higher PSA levels in the blood.

When you have a PSA test, you should not have:

- an active urinary infection
- ejaculated within the last 48 hours
- exercised heavily within the last 48 hours
- had a prostate biopsy within the last six weeks
- had a digital rectal examination (DRE) within the last week

What happens if the PSA is high?

There are usually three main options after a PSA test:

- if your PSA level is not raised, you are unlikely to have prostate cancer and no immediate further action is needed, although you may have follow up PSA tests to confirm the result

- If your PSA level is slightly raised, you probably do not have cancer but you may need further tests, including follow up PSA tests
- If your PSA is definitely raised, your GP will arrange for you to see a specialist for further tests to find out if you have prostate cancer.

If your PSA is high, your GP will normally refer you to an urologist. The urologist will discuss whether further investigations should be done. A biopsy may be advised to see if cancer is present. This is done with a transrectal ultrasound scanner, a metal probe passed into the rectum (back passage) with the help of local anaesthetic. This test is a little uncomfortable and can be painful, but does not normally need a general anaesthetic. Antibiotics are given to reduce the risk of infection.

Complications can follow this test - bleeding can occur or infection in the urine, the prostate or the blood.

Even if the biopsy test is negative, this does not necessarily completely rule out prostate cancer.

Usually, it will be necessary to have the PSA test repeated, and sometimes further biopsies are needed. It is important to realise that, if your PSA is raised, even if you do not have cancer, it can be very difficult to rule out cancer and you may need to go on having tests for some time.

If the tests show cancer, how is it treated?

The following points are important for you to understand:

- If the biopsy does show cancer, you and your urologist will have to make a decision about how to treat it. This might involve an operation to remove the whole prostate gland (radical prostatectomy) or radiotherapy.
- Sometimes, it might be best simply to do nothing immediately (active surveillance, active monitoring or watchful waiting); this usually involves using PSA tests and clinical examination of the prostate to see if the cancer is growing. A disadvantage is that the cancer may grow to a more advanced stage and PSA tests or biopsies may need to be repeated. You may find it difficult to cope with this uncertainty. Surgery involves an operation to remove the prostate gland. The aim is to cure the cancer but there are possible side effects. Up to three in every 20 men may experience some bladder problems and eight out of 10 men experience difficulty in obtaining or maintaining an erection. Some men may be able to orgasm but will not be able to ejaculate so that fertility is affected.
- Radiotherapy involves a course of radiation treatment on the prostate gland (external beam) or with radioactive implants (brachytherapy). The aim is to cure the cancer but there are possible side effects. After external beam radiotherapy, half of those treated may have problems obtaining or maintaining an erection and may not be able to ejaculate. Up to three in 10 men have diarrhoea and bowel problems whilst one in every 25 has bladder problems. After brachytherapy, you may have problems obtaining or maintaining an erection and you may not be able to ejaculate. Up to one in 15 men has bladder problems.

- The best way of treating early prostate cancer is not clear. Treating some cancers at an early stage should prevent more serious cancer developing in the future, but the side effects of treatment may outweigh any benefits. It is difficult to be precise about predicting what is right for each individual person.
- At present there is no definite proof that using PSA tests to diagnose early cancer does save lives. Some doctors believe that it does and some that it does not. We should, however, have further information about this from clinical trials within the next two to three years.

Who can I contact for more help or information?

Oncology nurses

Uro-oncology nurse specialist

01223 586748

Bladder cancer nurse practitioner (haematuria, chemotherapy and BCG)

01223 274608

Prostate cancer nurse practitioner

01223 274608 or 216897 or bleep 154-548

Surgical care practitioner

01223 348590 or 256157 or bleep 154-351

Non-oncology nurses

Urology nurse practitioner (incontinence, urodynamics, catheter patients)

01223 274608 or 586748 or bleep 157-237

Urology nurse practitioner (stoma care)

01223 349800

Urology nurse practitioner (stone disease)

01223 349800 or bleep 152-879

Patient Advice and Liaison Centre (PALS)

Telephone:

+44 (0)1223 216756 or 257257

+44 (0)1223 274432 or 274431

PatientLine: *801 (from patient bedside telephones only)

E mail: pals@addenbrookes.nhs.uk

Mail: PALS, Box No 53

Addenbrooke's Hospital

Hills Road, Cambridge, CB2 2QQ

Chaplaincy and multi faith community

Telephone: +44 (0)1223 217769

E mail: chaplaincy@addenbrookes.nhs.uk

Mail: The Chaplaincy, Box No 105

Addenbrooke's Hospital

Hills Road, Cambridge, CB2 2QQ

MINICOM System ("type" system for the hard of hearing)

Telephone: +44 (0)1223 217589

Access office (travel, parking and security information)

Telephone: +44 (0)1223 596060



We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Help with this leaflet:

If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk

**Document history**

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Contact number	01223 216575/ Fax 01223 216069
Publish/Review date	July 2014/July 2017
File name	PIN1954_Advice_requesting_PSA_measurement_FAQ_V7
Version number/Ref	V7/PIN1954
Local Ref number	11/Info_04_11