

PSA test: the practicalities

Before having a PSA test men should not have:

- an active urinary infection (PSA may remain raised for many months);
- ejaculated in the previous 48 hours;
- exercised vigorously in the previous 48 hours;
- had a prostate biopsy in the previous 6 weeks; or
- had a digital rectal examination (DRE) in the previous week.

Each of these may produce an abnormally raised PSA result.

When taking blood you should ensure that the specimen will reach the laboratory in time for the serum to be separated within 16 hours.

Samples should be sent only to laboratories which participate in the UK National External Quality Assessment Service (UK NEQAS).

Advising men about the PSA test for prostate cancer

The Prostate Cancer Risk Management Programme aims to help the primary care team give clear and balanced information to asymptomatic men who ask about testing for prostate cancer

Prostate cancer: background facts (Section 2 of booklet)

- Prostate cancer is the second most common cause of cancer-related deaths in men.
- Each year in the UK approximately 35,000 men are diagnosed with prostate cancer and 10,000 men die from the disease.
- Prostate cancer is less common below the age of 50 and the average age at diagnosis is 70 to 74 years.
- The risk is greater in those with a family history or those of black-African and black-Caribbean origin.
- Prostate cancers range from slow-growing tumours to very aggressive tumours. Slow-growing tumours are common and may not cause any symptoms or shorten life.
- Early prostate cancer will not usually cause any symptoms.

Key issues which men should understand

(1) The PSA test (Section 3 of booklet)

- PSA testing is controversial: professionals disagree on the usefulness of the test for population screening.
- PSA testing aims to detect localised prostate cancer when potentially curative treatment can be offered. If cure is not possible, treatment may extend life.
- However, the PSA test has some problems:
 - about 2 in 3 men with a raised PSA level will not have prostate cancer; and
 - the PSA test can miss prostate cancer.
- Biopsy can diagnose prostate cancer at an early stage when cure may be possible.
 - Most men describe the biopsy as an uncomfortable experience and some describe it as painful.
 - Complications from the biopsy may occur, including infection and bleeding (approximately 1 in 3 men experience haematuria/haemospermia after biopsy).
 - Some clinically significant prostate cancers will be missed at biopsy (up to 1 in 5 men).
 - If the biopsy is negative, a period of follow-up and possible re-biopsy is likely.
- Some men with potentially aggressive tumours detected following PSA testing may benefit from treatment. Some cancer detected following PSA testing will be slow-growing and may never cause the man any symptoms or shortened life expectancy. Some men who are tested may therefore face unnecessary anxiety, medical tests and treatments with side-effects.
- PSA testing is not usually recommended for asymptomatic men with less than 10 years' life expectancy.

(2) Prostate cancer management (Section 4 of booklet, with side-effects in Appendix)

- The main management options for localised prostate cancer are active surveillance or monitoring, watchful waiting, radiotherapy (external beam and brachytherapy) and surgery (open, laparoscopic and robotic).
- There are important quality of life differences between the management options, and men should be appropriately counselled before starting any regime.
- To date, there are no data from randomised controlled trials giving evidence about the optimum treatment for localised prostate cancer (see overleaf for details):
 - active surveillance and monitoring avoid unpleasant side-effects, although they involve repeat PSA testing and biopsy; and
 - surgery and radiotherapy may offer the possibility of a cure but they can carry significant side-effects.
- To date, there are no data from randomised controlled trials to say whether or not any treatment option reduces overall mortality in men with localised prostate cancer.
- Clinical trials are being conducted to try to answer some of the uncertainties surrounding the PSA test, screening and treatment options for prostate cancer.

PSA testing and prostate cancer

