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Prostate Cancer Risk Management Programme A guide for GPs and men seeking a PSA test

Infosheet

Any man over 50 (45 where there is family history of prostate cancer) is entitled to an annual PSA test.

There are 7 things he should be told when he asks for the test:

1. The PSA test is a simple blood test which is used to help detect prostate cancer. In its early stages, prostate cancer generally produces no symptoms, so it is important to diagnose the disease before any symptoms arise and while it is still potentially curable. Recent results of a major European trial suggest that treating prostate cancer may significantly prolong a man's life.
2. A high level of PSA (usually 10 ng/ml and above) is likely to be an indication of prostate cancer and should therefore prompt further investigation.
3. A moderately raised PSA level (usually 4 ng/ml and above, but this depends on age), means that other factors, including digital rectal examination, ethnicity, family history, prostate volume, PSA history, and free-to-total PSA ratio, should be considered in determining whether to send a man for further tests such as biopsy.
4. However, in three-quarters of such cases, further tests do not detect cancer. There can be other reasons for a moderately elevated PSA (eg urinary infection, enlarged prostate) and these may need treatment.
5. Prostate cancer is not always aggressive or life-threatening. Even if further tests do detect early-stage prostate cancer, a specialist may not be able to tell whether the condition is life-threatening or harmless. This may make treatment choices difficult for both patient and clinician.
6. A low level of PSA (usually below 4 ng/ml, but this depends on age) does not guarantee the absence of prostate cancer. This is because localised prostate cancer does not always produce a raised level of PSA.
7. All these factors have led to the current controversy over the value of the PSA test. However, the uncertainties may be reduced by men having a regular test, ideally on an annual basis. Regular monitoring of PSA levels can highlight any significant or gradual increase, so that even when the PSA is within the 'normal' range, one may be alerted to the need for further investigation.

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For further details visit the Real PCRMP at www.pcrmp.org.uk

**This leaflet was prepared by the Prostate Cancer
Support Federation, a grouping of patient-led
prostate cancer support groups in the UK.
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Why we have prepared this leaflet (revised Sept. 2009)

In 2006 the Department of Health agreed to update and revise the Guidance Pack of the Prostate Cancer Risk Management Programme, which advises GPs on what they should say to a symptomless man who asks for a Prostate Specific Antigen (PSA) test. The original guidance, published in 2002, was considered by many to be out of date and unbalanced, and is known to have resulted in men being discouraged from taking the test, with consequent late diagnosis of incurable prostate cancer.

In March 2009, when publication of the revised pack was imminent, the *New England Journal of Medicine* published interim results from two major studies into PSA-based screening for prostate cancer, one of which showed significant reduction in mortality¹; the other showed no benefit². This completely opened up the arguments for and against screening, and publication of the revised guidance was suspended.

At that time the Department announced that the National Screening Committee (NSC) was to be invited to reconsider the issue of a national screening programme for prostate cancer. The NSC is expected to report some time in 2010.

In July 2009, the Department published a slightly modified version of the revised guidance, which acknowledges the new research but still retains much of the sceptical tenor of the original guidance. Significantly, it fails to mention the fact that the issue has been referred to the NSC, implying instead that a decision against screening has been taken, when in fact it is still under consideration.

Although the revised guidance is published with a letter from the Chief Medical Officer (CMO) that clearly states, in bold letters, that **any man who is entitled to the test shall be given one if he asks for it**, we are concerned that out-of-date information will continue to be given to patients who request a PSA test.

We believe it is important for GPs to be made aware of the CMO's letter, and of the new evidence, of its implications for men who are deciding whether to have a PSA test to which they are entitled, and of the need for men to make up their own minds about it.

The information overleaf, which has been vetted and approved by a number of eminent clinicians, summarises what a man needs to know when deciding whether or not to have a PSA test.

1. Schroeder et al. NEJM 2009; 360:1320-8 2. Andriole et al. NEJM; 360:1310-9

For further details visit the Real PCRMP at www.pcrmp.org.uk