



Information about Your PSA Test

Please take careful note of the recommendation in your results communication. If your result is abnormal. Follow this up with your GP and ensure that your GP is fully aware of the significance of the result. If you have not received your result within 3 weeks of your test, please contact the office on 01926 419959.

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. Therefore, a blood test can be used to measure the level of prostate activity. The prostate's function is to produce some of the fluid that helps carry sperm when men ejaculate.

How is it measured?

The level of PSA in the blood is measured by a blood test, which can be analysed at most NHS or private laboratories, we use The Doctors Laboratory (TDL). Only a small amount of blood is taken from a vein in the arm by a trained phlebotomist, so you should not feel any significant after-effects. This is called a **venous blood test**.

What does it tell me?

The PSA test is **NOT a test to diagnose prostate cancer**. A high reading can sometimes indicate abnormalities such as: a normal enlargement of the prostate, a urinary infection, inflammation of the gland (prostatitis), urinary retention, any recent prostate procedure such as a biopsy or TURP operation, 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 regular intervals is a more reliable indicator than a one-off test. Your recommended retest will be advised in your result. Evidence from a European Trial suggests PSA screening could reduce prostate cancer related mortality by 21%.

Knowing your results

It is important that you know the actual result. You are advised to keep a record of the figures from each test to check for any abnormal rise. PSA rises naturally with age, although expert opinions vary, there is no clear consensus regarding the optimal PSA threshold for recommending referral for further investigations. The PCRMP issued by Public Health England, recommends PSA levels greater than **3.0 ng/ml** for men in the **50-69 age group** should be referred. There are no recommended referral levels for men 70 and over or for men under the age of 50. Your GP and/or urologist will advise you on this.

The following are PSA levels that GFCT and some Hospitals are currently using:

Age	<1.5	1.5-2.49	2.50-2.99	3.0-3.99	4.0>
40 - 49	Green	Yellow	Orange	Red	Red
50 - 69	Green	Green	Yellow	Orange	Red
70 and over	Green	Green	Green	Yellow	Red

Normal: reassure	Slightly raised: review	Abnormal: Investigate
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A raised level of PSA should prompt further investigation by your GP, who may wish to give you a Digital Rectal Examination (DRE for short) which may provide further information. If there is cause for concern, you will be referred to a urologist at your local hospital, who may decide to give you further tests to identify the cause.

What are the Advantages and Disadvantages of 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 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 tests which may prove to be unnecessary. In around 15% 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

How often should you have a test?

International guidelines and recommendations for prostate cancer screening:

- Start testing at age 45 or 40 if there is a known risk
- If PSA is less than 1.0 ng/ml then return for testing every 3 years
- If PSA is between 1.0 and 3.0 ng/ml then return for testing every year

Generally, the closer your result is to the guideline for your age, the more regularly you should be tested.

Conclusions

The death rate from prostate cancer in the UK is higher than the average for EU countries. It is thought that lack of awareness by men of the risks of prostate cancer is an important reason for this distressing situation.

We recommend:

- * Do not be put off having a PSA test, if necessary, quote the PCRMP
- * A single random PSA test is of minimal benefit. The biggest gains (40 to 50% fall in mortality in Europe) are achieved by having repeated regular PSA tests starting in your 40's or early 50's

If cancer is diagnosed

Do not panic! Many cancers are low grade and may never cause problems. Such cancers are just regularly - called Active Surveillance. If it is found to be more serious, then treatment such as surgery or radiotherapy is advised. Your cancer may well be successfully treated if it is confined to the prostate.

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 (low risk), 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 is within 'normal' levels, when doubled, it may indicate a raised level requiring further investigation.

Have some 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. Those found to have low risk disease are put on Active Surveillance. Only those found to have 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 the 14,000 men who die in the UK each year of the disease. Greater awareness and an effective screening programme would likely reduce the number of men diagnosed in the UK with locally advanced or advanced disease, currently 40% of total cases.

If you are at special risk (have a family history of prostate, ovarian or breast cancer, faulty BRCA gene, or are African or Afro- Caribbean), we suggest you should start having a PSA test in your early 40s as you are potentially 2 to 3 times more at risk of developing prostate cancer. Every year in the UK over 52,000 men are diagnosed with prostate cancer (143 every day). 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, with 1 in 25 men dying of the disease. 1 in 2 men, however, will have a prostate problem in their lifetime, usually caused by an enlarged benign prostate.

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, Mar 2016). The PCRMP is there to help GPs give clear and balanced information to men without symptoms who ask about PSA testing. Your GP will be expected to 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 whether to have the test or not, free on the NHS. GPs should use their clinical judgement to manage men who have symptoms and those aged under 50 who are considered to have a high risk for prostate cancer.

If you are unable to attend an event, please order a PSA Home Testing Kit

For information about PSA test events being held in the UK, check the website: www.mypsatestests.org.uk

For more information about the PSA test and our statistics, please visit: www.tgfct.org.uk

Our Medical Advisers:

Mr Israr Khan: MBBS, MRCSed, ChM (Urol), FRCS(Urol).
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Clinical Lead Urology, Humber Health Partnership, North Lincolnshire and Goole NHS Foundation Trust, Hull University Teaching Hospitals, Honorary Lecturer Hull York Medical School.

Professor Hashim Ahmed: is currently Chair of Urology at Imperial College London. Hashim is an internationally renowned expert in prostate cancer diagnosis, imaging and biopsy as well as minimally invasive therapies for prostate cancer such as HIFU and cryotherapy - either whole-gland or focal therapy for primary prostate cancer or radiorecurrent disease. He has taught dozens of surgeons in these techniques in the UK and around the world and given numerous invited international lectures in this area. He is also the lead urologist in the TRANSFORM project which is a £42 million study in the best treatment for prostate cancer.

Alan Doherty: Consultant Urologist MB BS, BSC, MD, FRCS (Urol), FEBU has completed one of the largest caseloads of prostatectomies in the UK, undertaking more than 3,000 operations. He is recognised for his expertise in nerve-sparing techniques that reduce the risk of erectile dysfunction and incontinence from prostate cancer surgery and has published extensive results from his nerve-sparing procedures. He was voted one of the UK's top ten prostate cancer specialists in a national poll of consultant urologists published in the Daily Mail (2018).

Prof. Frank Chingwundoh: MBE, MBBS, MS, MML (Med Law), FRCS (Eng), FRCS(Ed), FRCS (Urol), FEBU,
Consultant Urologist, Barts Health NHS Trust & private sector, London.
Honorary Clinical Senior Lecturer - University of London, Recognised Teacher of the University of London

Mr Ahmed Ali: Consultant urological surgeon, Urology Cancer lead at Frimley Park Hospital, Member of British association of urological surgeons, Member of European association of urology, Member of Arab Association of urology and Fellow of the Royal college of surgeons of England.

Chris Booth: Retired Consultant Urologist, Clinical Director at CHAPS Men's Health Charity.

Dr Asif Naseem: is a GP and Health Assessment doctor who has been with Nuffield Health for 10 years. He is part of the senior leadership team and is the Regional Lead GP for London. He is also the Prescribing Lead and sits on the Critical care EAG as a Primary Care representative. He has a keen interest in clinical governance and men's health. He also works out of the LSDC in London.

For help or assistance or further details contact us as follows:

Phone **01926 419959**

Email info@psatests.org.uk or info@tgfct.org.uk

For all information on GFCT the PSA testing charity and latest statistics about PSA, please visit www.psatests.org.uk or www.tgfct.org.uk

Thank You for taking the time to read this leaflet.

We hope this is the start of a journey that helps you learn more about this important health issue



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