

UK prostate cancer initiative fails to influence PSA referrals

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MedWire News: Research shows that the UK's Prostate Cancer Risk Management Programme (PCRMP) has not significantly altered patterns of urologist referrals following prostate-specific antigen (PSA) testing.

The PCRMP guidelines were sent to UK family physicians in 2002 and recommended PSA threshold levels to trigger further urology examination, Jane Melia and colleagues, from the Institute of Cancer Research in Sutton, Surrey, UK, explain.

"The referral rate was lower than expected if the guidelines had been followed," Melia *et al* write. "The influence of the guidelines seems to have been low."

This may have been due to only half (56%) of doctors participating in the study being aware of the PCRMP," they note.

The initiative recommend age-specific PSA cutoff levels in asymptomatic men, with thresholds of 3 ng/ml for men aged 50-59 years, 4 ng/ml for men aged 60-69 ng/ml, and 5 ng/ml for men aged 70 years and older.

To determine the impact of the PCRMP, the researchers compared the number of urologist referrals for asymptomatic men with a PSA of 3 ng/ml or above between December 2001 and May 2002 before the initiative, and between December 2003 and May 2004 after the PCRMP was launched. They looked at information for 200 family physicians in 48 practices that tested 709 men before and 898 men after the PCRMP.

Around 20% of men with raised PSA levels were asymptomatic in both the time periods, but the proportion of these men who were referred to a urologist did not change significantly after the PCRMP, from 24% to 29%.

Reasons given for not referring asymptomatic men with an elevated PSA level included PSA being too low for referral, that the patient was asked to return for a second PSA test, and serious comorbidity that should have excluded testing.

"Without routine, standardized data on reasons for PSA tests in general practice, it will be impractical to monitor trends in use of the PSA test, and its impact on general practitioner workload and detection of prostate cancer," the researchers observe.

They add: "There is an urgent need for evaluation to ensure future, effective implementation of guidelines."

Free abstract is below:

Clinical Study

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Urological referral of asymptomatic men in general practice in England

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The Prostate Cancer Risk Management Programme (PCRMP) launched in November 2002 provides guidelines for general practitioners (GPs) on age-specific prostate-specific antigen (PSA) cutoff levels in asymptomatic men. The impact of the PCRMP on GP referrals is unknown. This study investigates whether there was a change in the proportion of asymptomatic men with raised PSA levels (≥ 3 ng ml⁻¹) who were referred to urologists since the launch of the guidelines. Sixty-nine general practices in four areas of England and the main pathology laboratory in each area, which had participated in our previous research, were asked to provide data. Forty-eight practices (70%) provided retrospective data on urological referrals in men who had a PSA test taken in the periods 1 December 2001 to 31 May 2002 (pre-launch) and 1 December 2003 to 31 May 2004 (post-launch). Data on referrals were completed for 709 (79%) out of 898 and 1040 (90%) out of 1157 raised records pre- and post-launch, respectively. The percentage of men with raised PSA levels who were asymptomatic was similar in both time periods (19–20%) and the proportion referred to urologists according to the PCRMP guidelines did not increase significantly over time (24% pre-launch and 29% post-launch, $P=0.42$). The referral rate was lower than expected if the guidelines had been followed. The influence of the guidelines seems to have been low. At the time of data collection, 56% (112 out of 200) of GP partners reported that they were aware of receiving the PCRMP pack. To ensure future, effective implementation of guidelines requires evaluation.

Keywords: primary health care; hospital referral; health education; prostate-specific antigen