

## **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.

**This leaflet was prepared by the Prostate  
Cancer Support Federation, a grouping of  
patient-led support groups in the UK.  
It is supported by Prostate UK.**

**Why we have prepared this leaflet**

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 PSA test. The original guidance, published in 2002, was considered by many to be out of date and unbalanced.

On March 18<sup>th</sup> 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 mortality<sup>1</sup>; the other showed no benefit<sup>2</sup>. This completely opened up the arguments for and against screening, and rendered the revised guidance obsolete. The Department then announced that the revised Guidance Pack would not now be published, and GPs are being referred back to the 2002 version, with its acknowledged flaws.

In the absence of revised guidance from the Department, 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 aware 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