



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

PSA Test for Prostate Cancer.... Your decision

Information for patients, relatives and carers

General Surgery and Urology

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This leaflet is designed to help you decide whether to have the PSA blood test to check for prostate cancer. If you have been given this leaflet because you have had the PSA blood test, please do read it as it contains information which may be useful to you. You might have no symptoms but just want to check that you don't have prostate cancer, or you might be thinking about the test because you've developed prostate symptoms. There is no right or wrong decision – even the experts don't have all the answers. With the help of this leaflet and your doctor you should try to make the best decision for **you**.

What do we know about Prostate Cancer?

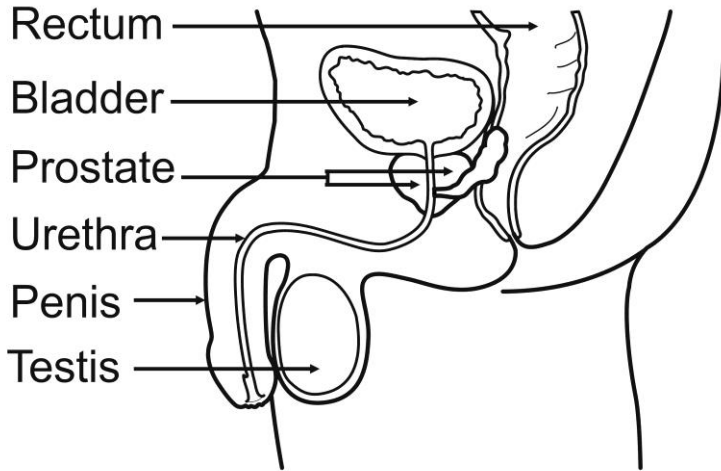
Prostate cancer is the commonest cancer in men and around 10 000 men die from it every year in the UK. We don't know what causes it, but it's generally a disease of older men and it's rare under the age of 50. Unlike a lot of other cancers, most prostate cancers grow very slowly and may never cause any problems at all during a man's life. That's particularly true of men in their 70's or 80's. On the other hand some types of prostate cancer can grow quickly, causing pain in the bones and eventual death.

Possible advantages of having the PSA test

- It could reassure you if it's normal.
- It can find cancers before any symptoms develop.
- Treatment in the early stages could help you live longer and avoid the complications of cancer, although there is no firm evidence that this is so.

Possible disadvantages of having the PSA test

- It could miss cancer in the prostate and falsely reassure you that all is well.
- It could lead to anxiety and a biopsy when you have no cancer.
- Treatment of early prostate cancers might not help you live longer.
- The main treatments for early prostate cancer do carry risks.



This picture shows the prostate and nearby organs.

What are the symptoms of prostate cancer?

Men with early prostate cancer are unlikely to have any symptoms at all. As a cancer grows it can cause the following symptoms:

- Difficulty in passing urine.
- Passing urine more often, especially at night.
- Rarely, blood in the urine.

Though most men with these symptoms **won't** have prostate cancer; they're more likely to be caused by other prostate problems.

So what is the PSA test?

It's a blood test. PSA (Prostate Specific Antigen) is a substance made by the prostate gland, which naturally leaks out into the bloodstream. The PSA test measures the level of PSA in your blood.

Why have a PSA test?

The PSA test could find an early prostate cancer before you notice any symptoms, or before your doctor can detect any changes in your prostate. The benefit of finding a prostate cancer at this early stage is that it might be possible to remove the cancer by an operation or destroy it with radiotherapy.

How good a test is it?

The PSA test is not a specific test for prostate cancer. So although a raised PSA level can be a sign of prostate cancer, more often it points to something less serious like an infection in the prostate or an enlargement of the prostate that often comes with ageing. In fact for every 1000 men with a raised PSA level, about 300 will turn out to have any cancer cells in their prostate. It's also true that the PSA test may read "normal" when in fact there is a cancer there. Your doctor will also check your prostate using a gloved finger placed into your rectum (back passage).

The chances of you having an underlying prostate cancer are indicated in the table below.

PSA value	Chance of having prostate cancer (%)	
	If prostate feels normal	If prostate feels abnormal
0 – 4	15%	35%
4 – 10	30%	60%
10 – 20	50%	75%
20 – 50	75%	90%

Please note that overall, the 'normal' PSA value is considered to be between 0 and 4, although this does vary with age.

So should I have the PSA test?

Even the medical experts are uncertain about some of the important questions about the PSA test and the best treatment for prostate cancer. People deal with this uncertainty in different ways. Some men choose to be aggressive in looking for and treating early prostate cancers. Others may not even want to know if they have an early prostate cancer because they think that, on balance, having that information would do them more harm than good.

First, bear in mind that your risk of prostate cancer increases slightly....

- If you have close relatives who have had prostate cancer, for example a father, uncle or brother.
- If you are of Afro-Caribbean or African-American descent.

What happens if my PSA test is high?

As a rough guide, there are three main outcomes after a PSA test:

1. PSA within limits for my age

Unlikely to have a significant cancer. Probably no further action, unless your prostate feels abnormal on examination.

2. PSA slightly raised (4 – 10)

Probably not cancer, but might need to repeat PSA test or to proceed to a biopsy.

3. PSA significantly raised (over 10)

Likely to need a biopsy. Further scans or tests may also be needed, such as a MRI scan or bone scan.

What is a biopsy?

If your PSA is raised, you may need to have a biopsy of your prostate. Doctors take a sample of the prostate so that they can look for prostate cancer cells under a microscope. It is done using an ultrasound scan and a probe, which is passed into the rectum (back passage). It can be uncomfortable (though you won't need a general anaesthetic) and there are risks, such as bleeding (in the urine, semen or from the rectum) and infection (of the prostate, urine or blood).

Will I need other tests?

If your PSA is raised, you may require further tests including an MRI (or an MRI with a bone scan). The need for this will be discussed with you when you get your PSA result.

It is important to realise that even if the biopsy does not find cancer cells, this does not completely rule out you having prostate cancer. You may still need to have further PSA tests to follow things up, and possibly need repeat biopsies or scans in the future.

What if I do have early prostate cancer?

Treating some cancers while they are still small may stop them spreading and causing problems. But doctors don't agree on the best way to treat early prostate cancer, and there is no proof that treating early cancers helps men live any longer. There are four main options if you have got early prostate cancer, and they all carry some risks:

1. Radical Prostatectomy

(an operation to remove the whole prostate gland)

Risks: For every 1000 men who have this procedure, less than one may die, up to 40 are left with problems leaking urine (incontinence) and between 200 and 800 develop long-term erection problems.

2. External beam radiotherapy

(high energy rays to kill cancer cells)

Risks: Between 80 and 100 men in every 1000 will have long term rectal/bowel problems, such as increased frequency and looseness. Urine incontinence (10 in 1000) and impotence (300 in 1000) are slightly less common than with having surgery.

3. Brachytherapy (a version of radiotherapy using radioactive seeds inserted into the prostate)

Risks: Between five and 20 men in every 1000 experience severe urinary problems, which can be difficult to treat. Impotence occurs in half of men in the long term after this treatment.

4. Active surveillance - Regular checks-ups – treat only if cancer is growing

Risks: Worry of missing a growing cancer.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

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Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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