



Reg. Charity No. 1129395

## THE PSA TEST

Prostate Specific Antigen [PSA] is a protein produced in the prostate. It is normal for all men to have traces of this protein in their blood where it is measured in nanograms per millilitre of blood [ng/ml]. Higher levels may indicate disease of the prostate; Prostatitis [inflammation of the prostate], Benign Prostatic Hyperplasia [enlarged prostate] or Prostate Cancer.

There is currently no screening programme for prostate cancer in the UK but a simple blood test [PSA] is available **on request** at GP surgeries for symptomless men aged 50 or over. Results are usually available within 2-3 days of the test. Men with a family history of prostate cancer or breast cancer and African Caribbean men are at higher risk and should consider regular testing from an **earlier** age.

Normal PSA levels rise with age from below 3.0 ng/ml for a man aged up to 59 to below 5.0ng/ml for a man aged over 70. Changes to PSA levels over time can be as significant as the initial test result.

The PSA test on its own is not a test for prostate cancer but a raised level should be further investigated by a doctor and if necessary referred to a specialist.

Most GPs will also perform a Digital Rectal Examination [DRE] to feel for signs of disease/enlargement of the prostate.

A small percentage of men diagnosed with prostate cancer show no significant rise in PSA levels.

In addition to prostate disease, PSA levels can be raised by:

- A urine infection

- Vigorous exercise up to 48 hours before the test [e.g. cycling]

- Ejaculation up to 48 hours previously

- A DRE in the week **before** a PSA test

- A prostate biopsy in the 6 weeks **before** a PSA test

Whilst most GPs would wish to investigate the possibility of a urinary infection, few GPs caution patients about these additional causes of raised PSA levels.

**The Prostate Cancer Risk Management Programme** exists to advise doctors who are approached by symptomless men. This includes referral values to guide GPs before they send patients for further investigation. However there is a wide range of referral practice. The document advises doctors to give clear and balanced information to men who request a PSA test. The programme states that **'Any man over the age of 50 who asks for a PSA test after careful consideration of the implications should be given one'**

Though regarded as an imperfect screening tool, PSA levels are monitored at regular intervals once prostate cancer has been diagnosed and after treatment, often for many years. They will also be taken into consideration when advising patients on treatment options and high scores will rule out some therapies.

**Men with prostate cancer may have no symptoms particularly in the early stages.** More men are discovering their cancer because they have requested a PSA test or they have been given a PSA test by their doctor whilst investigating another disease, or as part of a 'Well-Man Clinic' programme.

Men **without** symptoms who are concerned about prostate cancer should educate themselves on the merits and disadvantages of having a PSA test. A PSA test is currently the **first step towards** a possible diagnosis and **an opportunity for early treatment for prostate cancer.**

Men **displaying symptoms** of prostate disease will almost certainly be offered a PSA test by their GP.

Men **with** or **without** symptoms who wish to discover if they have prostate cancer should consider having a PSA test as a **first step.** Prostate cancer can be treated more successfully and possibly cured when caught early. **About 1 in 3 men with a raised PSA level will have prostate cancer.**

For further information on PSA and the PSA testing contact:

Macmillan Cancer Support- [www.macmillan.org.uk/](http://www.macmillan.org.uk/) tel. 0808 808 0000

The Prostate Cancer Charity- [www.prostate-cancer.org.uk/](http://www.prostate-cancer.org.uk/) tel. 020 8222 7622

Prostate Action- [www.prostateaction.org.uk/](http://www.prostateaction.org.uk/) tel. 020 8788 7720

Date	PSA Score	Notes