

PSA INFORMATION FOR PRIMARY CARE

1. "Normal" PSA level: no single cut off level is accurate. Current PSA levels are:
Up to 69 years – 3 µg/L
70 years and above – 5 µg/L

PSA rises with age, and BPH (Benign Prostatic Hyperplasia).
2. Age related PSA levels:
When normal can be used to reassure men. Remind patients that "normal" levels do not completely exclude prostate cancer.
3. Abnormal Digital Rectal Examination (DRE):
Requires further evaluation with biopsies, even with normal PSA.
4. A raised PSA after negative biopsies still needs follow up.
1 in 10 men require a second biopsy to confirm/exclude cancer. A few need a third or even a fourth biopsy.
5.

PSA level	Risk of Cancer of Prostate	Extent of disease
3 – 10	25%	90% localised
10 – 20	50 – 60%	60% localised
>20	90%	Locally advanced/metastatic
6. There is poor correlation with the grade (Gleason score) and the extent (volume) of cancer in the low PSA range (3 – 10 ug/l).
7. Note NICE's recommendation that the serum PSA level alone should not automatically lead to a prostate biopsy eg for over 75 year old men with a raised PSA, the policy is now of "no routine biopsy". Men are seen at the clinic for evaluation, counselling and decision on monitoring or hormone therapy.
8. PSA level alone is not useful to distinguish significant from insignificant cancer in men with localised prostate cancer.
9. Screening for prostate cancer:
No national screening programme at present. Screening committee recommends that PSA testing is offered to men who seek the test, but should be fully counselled. The PROTECT study is currently addressing whether earlier diagnosis improves prognosis.
10. Family history of cancer of prostate is relevant if there have been at least two family members diagnosed when under the age of 65.
11. Ethnicity is relevant only if black African or black Caribbean.
12. Useful website address for information:
<http://www.cancerscreening.nhs.uk/prostate/index.html>

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