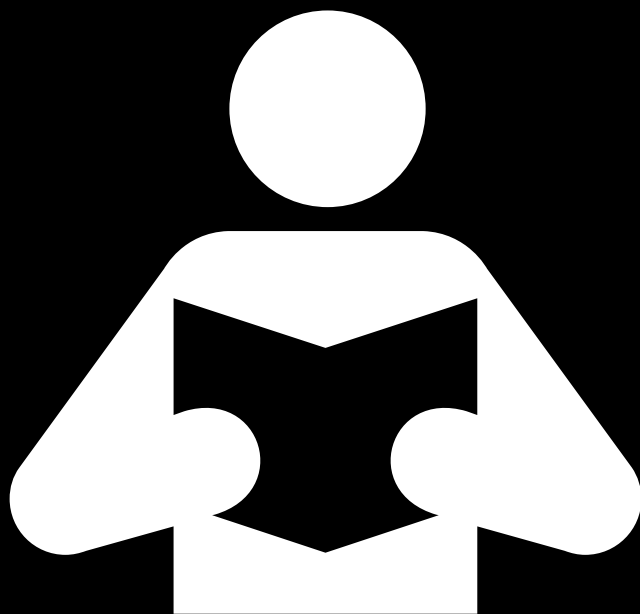


Understanding the PSA blood test

A guide for anyone concerned about prostate cancer



**PROSTATE
CANCER UK**

About this booklet

This booklet is for anyone who wants to know more about having a blood test called a PSA test. The test can help diagnose prostate problems, including prostate cancer. Your partner, family or friends might also find this information helpful.

We explain what the prostate is, different types of prostate problems and how the PSA test can help to diagnose them. We also explain the advantages and disadvantages of the test, what the results mean, and what might happen afterwards.

Each GP practice or hospital will do things slightly differently. Use this booklet as a general guide to what to expect and ask your GP for more information. You can also speak to our Specialist Nurses, in confidence, on 0800 074 8383 or chat to them online.

The following symbols appear throughout the booklet:



Our Specialist Nurses



Our publications



Sections for you to fill in

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The PSA blood test: in brief

What is the PSA blood test?

The PSA test is a blood test that measures the amount of prostate specific antigen (PSA) in your blood. PSA is a protein produced by normal cells in the prostate and also by prostate cancer cells. It's normal to have a small amount of PSA in your blood, and the amount rises as you get older because your prostate gets bigger. A raised PSA level may suggest you have a problem with your prostate, but not necessarily cancer.

Who can have a PSA blood test?

You can have a PSA test at your GP surgery if you're over 50 and you've thought carefully about the advantages and disadvantages (see page 32). If you have a higher risk of prostate cancer (see page 10), you may want to speak to your GP about having a PSA test from the age of 45.

You may also be offered a PSA test if you have certain urinary symptoms (see page 8).

What can the PSA blood test tell me?

A raised PSA level can be a sign of a problem with your prostate. This could be:

- an enlarged prostate
- prostatitis
- prostate cancer.

Other things can also cause your PSA level to rise (see page 18). If you have a raised PSA level, your GP might do other tests to find out what's causing it, or they may refer you to see a specialist at the hospital.

The PSA blood test and prostate cancer

A raised PSA level can be a sign of a problem with your prostate and it can tell your GP if you might need further tests for prostate cancer. Many men with a raised PSA level don't have prostate cancer and some men with a normal PSA level do have prostate cancer.

You may be more likely to get prostate cancer if:

- you are aged 50 or over, or
- your father or brother has had it, or
- you are Black.

To decide if you need to see a specialist, your GP won't just look at your PSA level. They will also look at your risk of prostate cancer and whether you've had tests for prostate cancer in the past. They may also do a digital rectal examination (DRE) to check if your prostate feels normal (see page 20).

Should I have a PSA blood test?

It's up to you whether or not to have a PSA test. Before you decide you may want to find out more about:

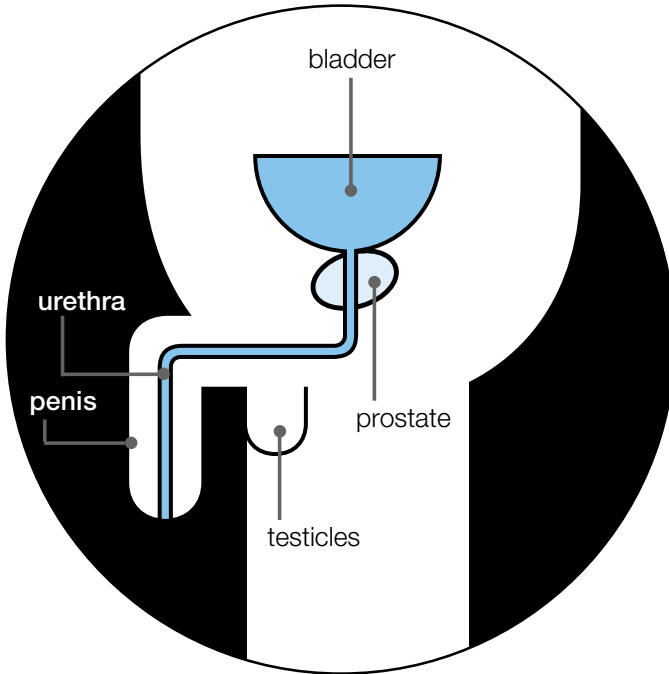
- your own risk of prostate cancer (see page 10)
- what the PSA test involves (see page 17)
- the advantages and disadvantages of the test (see page 32)
- any other tests you might need to have after a PSA test (see page 24).
- how the side effects of possible treatments could impact your daily life.

It might help to talk this over with your partner, family or friends. You could also talk to your GP or call our Specialist Nurses on **0800 074 8383**.



What is the prostate?

The prostate is a gland. It is usually the size and shape of a walnut and grows bigger as you get older. It sits underneath the bladder and surrounds the urethra, which is the tube that carries urine (wee) out of the body. The prostate's main job is to help make semen – the fluid that carries sperm.



Who has a prostate?

The following people have a prostate:

- men
- trans women*
- non-binary people who were registered male at birth**
- some intersex people.***

What can go wrong?

The most common prostate problems are:

- an enlarged prostate
- prostatitis
- prostate cancer.

We explain more about these problems on the following pages.

Trans, non-binary or intersex?

The information in this booklet has been developed based on guidance and evidence in men. If you are a trans woman, non-binary registered male at birth or intersex, some of this information is still relevant to you – but your experience may be slightly different. For more information visit prostatecanceruk.org/trans-women

* A trans woman is someone who was registered male at birth and identifies as a woman. Trans women can develop prostate problems, even if they have taken hormones, or if they have had genital reconstructive surgery. The prostate is not removed during this surgery.

** A non-binary person may not identify as a man or a woman.

*** An intersex person may have both male and female sexual characteristics and so might have a prostate.



Urinary problems and prostate problems

If you notice any changes when you urinate or have any urinary problems (see below), it could be a sign of a problem with your prostate. Urinary problems are common in older men and aren't always a sign of a prostate problem. They can also be caused by an infection, a health problem such as diabetes, or some medicines.

Symptoms of prostate problems can include urinary problems, such as:

- needing to urinate more often than usual, especially at night
- difficulty starting to urinate
- straining or taking a long time to finish urinating
- a weak flow when you urinate
- a feeling that your bladder hasn't emptied properly
- a sudden need to urinate – you may sometimes leak urine before you get to the toilet
- dribbling urine after you finish urinating.

Less common changes include:

- pain when urinating
- pain when ejaculating.

A small number of men get blood in their urine or semen, or erection problems. These symptoms aren't usually caused by a prostate problem, and are more often linked to other health problems.

All of the symptoms mentioned on this page can be caused by other things and might be nothing to do with your prostate. If you have any of them, it's a good idea to visit your GP. You might find it helpful to tick any problems you have and take this booklet with you.

What is an enlarged prostate?

An enlarged prostate is an increase in the size of the prostate. It isn't caused by cancer. You might also hear it called benign prostatic enlargement (BPE) or benign prostatic hyperplasia (BPH).

An enlarged prostate is very common in men over the age of about 50. It is the most common cause of urinary problems as men get older (see page 8).



Find out more in our booklet, **Enlarged prostate: A guide to diagnosis and treatment.**

What is prostatitis?

Prostatitis is the name given to a set of symptoms that are thought to be caused by an infection or by inflammation of the prostate or the surrounding area. But doctors often don't know why it develops. It is **not** cancer.

Prostatitis is a common condition. It can affect men of any age but it's most common in younger and middle aged men, typically between 30 and 50. It can cause a wide range of symptoms, including urinary problems, pain in the area between your back passage and testicles (perineum), and pain in the lower part of your stomach area (abdomen) or lower back. In severe cases, infection can cause a high temperature and sweating, and you may need treatment in hospital.



Find out more in our booklet, **Prostatitis: A guide to infection and inflammation of the prostate.**

What is prostate cancer?

Normally the growth of all cells is carefully controlled in the body. As cells grow old and die, new cells take their place. Cancer can develop when cells start to grow in an uncontrolled way. If this happens in your prostate, you may get prostate cancer.

Prostate cancer is the most commonly diagnosed cancer in men in the UK. About 1 in 8 men will be diagnosed with prostate cancer in their lifetime.

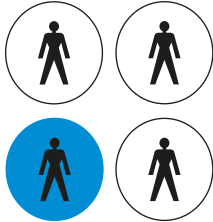
Most prostate cancers grow slowly or don't grow at all. They may never cause any problems or shorten your life. But some prostate cancers do grow quickly and are more likely to spread and cause problems. They will need to be treated to stop them spreading.

Who is at risk?

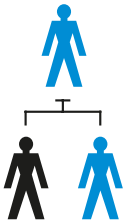
There are some things that may mean you're more likely to get prostate cancer. These are known as risk factors. You only need to have one of these to be at increased risk.

50+

Your age – it mainly affects men over 50 and your risk increases as you get older.



Your ethnicity – 1 in 4 Black men will get prostate cancer in their lifetime.



Your family history – you are two and a half times more likely to get it if your father or brother has had it.

Your age

- The most common age for men to be diagnosed with prostate cancer is between 70 and 74 years.
- If you are under 50, your risk of getting prostate cancer is very low. Men under 50 can get it, but it isn't common.

Your family history and genes

Your family history is information about any health problems that have affected your family. Families have many common factors, such as their genes, environment and lifestyle. Together, these factors can help suggest if you are more likely to get some health problems.

Inside every cell in our body is a set of instructions called genes. These are passed down (inherited) from our parents. Genes control how the body grows, works and what it looks like. If something goes wrong with one or more genes (known as a fault or mutation), it can sometimes cause cancer. Some faults in genes can be passed on from your parents and could increase your risk of getting prostate cancer. We need more research to fully understand how faults in genes affect a man's risk of prostate cancer.

If people in your family have prostate cancer or breast cancer, it might increase your risk of getting prostate cancer. This is because you may have the same faulty genes.

- You are two and a half times more likely to get prostate cancer if your father or brother has had it, compared to a man who has no relatives with prostate cancer.
- Your chance of getting prostate cancer may be even greater if your father or brother was under 60 when he was diagnosed, or if you have more than one close relative (father or brother) with prostate cancer.
- Your risk of getting prostate cancer may also be higher if your mother or sister has had breast cancer.

If your relatives have had prostate cancer or breast cancer and you are worried or want to know more about how this might affect you, speak to your GP. Although your risk of prostate cancer may be higher, it doesn't mean you will get it.

BRCA genes

If your mother or sister has had breast cancer and you know this was due to having a fault in a gene called BRCA1 or BRCA2, (often pronounced 'BRACA') speak to your GP. You may be able to have genetic testing on the NHS to see if you have the same faulty gene. This is because faults in the BRCA genes can increase your risk of developing prostate cancer. A genetic counsellor will help you understand what the results of any genetic test might mean for you and your family. You would still need other tests to diagnose prostate cancer.

Your ethnicity

Black men are more likely to get prostate cancer than other men. We don't know why, but it might be linked to genes. In the UK, about 1 in 4 Black men will get prostate cancer in their lifetime*. If you have mixed Black ethnicity, you are likely to be at higher risk of prostate cancer too. But we don't know your exact risk because we don't have enough information on prostate cancer in men with mixed Black ethnicity. And we don't know whether it makes a difference if it's your mother or father who is Black.

Can you prevent prostate cancer?

No one knows how to prevent prostate cancer. But being overweight may increase your risk of being diagnosed with prostate cancer that's aggressive (more likely to spread) or advanced (cancer that has spread outside the prostate). Eating healthily and keeping active can help you stay a healthy weight.



Read more in our leaflet, **Diet, physical activity and your risk of prostate cancer**.

* This statistic was worked out using information about men recorded as 'Black African', 'Black Caribbean' and 'Black other'.

Does prostate cancer have any symptoms?

Most men with early prostate cancer don't have any symptoms, so it's important every man understands his risk.

One reason for this is the way the cancer grows. You'll usually only get early symptoms if the cancer grows near the tube you urinate through (the urethra) and presses against it, changing the way you urinate. But because prostate cancer usually starts to grow in a different part (usually the outer part) of the prostate, early prostate cancer doesn't often press on the urethra and cause symptoms.

If you do notice changes in the way you urinate this is more likely to be a sign of an enlarged prostate (see page 9), or another health problem. But it's still a good idea to get it checked out by your GP. Possible changes include:

- difficulty starting to urinate or emptying your bladder
- a weak flow when you urinate
- a feeling that your bladder hasn't emptied properly
- dribbling urine after you finish urinating
- needing to urinate more often than usual, especially at night
- a sudden need to urinate – you may sometimes leak urine before you get to the toilet.

If prostate cancer breaks out of the prostate (locally advanced prostate cancer) or spreads to other parts of the body (advanced prostate cancer), it can cause other symptoms, including:

- pain in the back, hips or pelvis
- problems getting or keeping an erection
- blood in the urine or semen
- unexplained weight loss.

All these symptoms are usually caused by other things that aren't prostate cancer. But it's still a good idea to tell your GP about any symptoms so they can find out what is causing them and make sure you get the right treatment, if you need it.



I had no symptoms at all when I was diagnosed. I'd recently lost my father to prostate cancer, and that spurred me on to visit my GP.

A personal experience

Having a PSA blood test

The PSA test is a blood test that measures the amount of prostate specific antigen (PSA) in your blood. It is the first step in finding out if there is a problem with your prostate and if you need more tests. You can have a PSA test at your GP surgery. Your GP or practice nurse might talk to you about having a PSA test if you're worried about prostate problems, if you're at higher risk of getting prostate cancer, or if you have symptoms such as problems urinating (see page 8).

It's important to think about if the PSA test is right for you before you decide whether or not to have one. There are advantages and disadvantages to having the test, so there are a number of things you might want to think about (see page 32).

You have the right to a PSA test if you're over 50 and you've thought carefully about the advantages and disadvantages. If you're Black or have a family history of prostate cancer, you may want to speak to your GP about having a PSA test from the age of 45.

Some men are offered a PSA test as part of a general check-up. You should still think about the advantages and disadvantages and whether the test is right for you before agreeing to have one.

PSA testing in the community

PSA tests are available to all men over 50 for free from their GP. You may sometimes see PSA tests being offered in places such as community centres or football stadiums. You might also see home PSA tests advertised online. If you're thinking about having a PSA test at this type of event, make sure a doctor or nurse will be there

to give you information and support. If you can, it's usually best to visit your GP if you're thinking about having a PSA test. If you do have a PSA test in the community you should visit your GP to discuss the results, especially if you have a raised PSA level.

What will happen at the GP surgery?

If you don't have any symptoms, your GP or practice nurse should talk to you about the advantages and disadvantages of the PSA test before you decide whether to have one. You should tell them if anyone in your family has had prostate or breast cancer.

Your GP or practice nurse will also talk to you about your general health and any other health problems. If you have a serious health problem that means you wouldn't be fit enough for treatment for prostate cancer, or if treatment wouldn't help you to live longer, your GP may not recommend having a PSA test unless you have symptoms of a possible prostate problem (see page 8).

If you decide you want a PSA test, your GP may also talk to you about a digital rectal examination (DRE, see page 20) and a urine test to rule out a urine infection. But a DRE isn't always necessary and you can decide to have a PSA test alone.

What does the PSA test involve?

A sample of your blood is taken and sent to a laboratory to be tested. The amount of PSA in your blood is measured in nanograms (a billionth of a gram) per millilitre of blood (ng/ml). You can eat and drink as normal before having a PSA test. It can take one to two weeks to get your test results.

What could affect my PSA level?

PSA is produced by healthy cells in the prostate, so it's normal to have a small amount of PSA in your blood. The amount rises as you get older because your prostate gets bigger. Prostate problems, such as an enlarged prostate or prostatitis (see page 9), can cause your PSA level to rise. But lots of other things can affect your PSA level too, including the following.

A urine infection

You may have a test for a urine infection as this can raise your PSA level. If you have an infection, you'll be given treatment for this. You'll need to wait until the infection has gone – around six weeks – before you have a PSA test.

Vigorous exercise

Vigorous exercise and cycling may raise your PSA level for a few days. So it is a good idea to avoid vigorous exercise for 48 hours before the blood test.

Ejaculation

You might want to avoid any sexual activity that leads to ejaculation for up to 48 hours before your PSA test because it may increase your PSA level.

Anal sex and prostate stimulation

Receiving anal sex might raise your PSA level for a while. Having your prostate stimulated during sex might also raise your PSA level. It might be worth avoiding this for a week before a PSA test.

Prostate biopsy

If you've had a prostate biopsy (see page 26) in the six weeks before a PSA test, this could raise your PSA level.

Medicines

Let your GP or practice nurse know if you're taking any prescription or over-the-counter medicines, as some might affect your PSA level. For example, some medicines used to treat an enlarged prostate, known as 5-alpha-reductase inhibitors such as finasteride (Proscar®) or dutasteride (Avodart®), can reduce your PSA level and give a false test result.

Other tests or surgery

If you've had any tests or surgery on your bladder or prostate, you may need to wait up to six weeks before having a PSA test.

Urinary catheters

If you have a catheter to drain urine from your bladder, you may need to wait up to six weeks after it has been put in before having a PSA test.

What will the test results tell me?

Lots of things can affect your PSA level, including the prostate problems talked about on page 9. So a PSA test alone can't usually tell you if you have prostate cancer. It is the first step in deciding if you need more tests. To decide if you need to see a specialist at the hospital, your GP will look at:

- your PSA level
- the results of a DRE
- your age
- your ethnicity
- your family history and genes
- your body weight
- any other health problems or things that may have affected your PSA results
- if you have any urinary problems
- if you've had any tests for prostate cancer before.

If your GP thinks your PSA level is higher than it should be for your own situation, they may arrange for you to see a specialist at the hospital. This will depend on your age, if you have symptoms and if you are at high risk of prostate cancer.

Your GP might decide you don't need to see a specialist if there are other reasons why your PSA level is raised. In this case, they might suggest having another PSA test in the future to see if your PSA level changes (see page 22).


Your GP should discuss all of this with you, to help you decide what to do next.

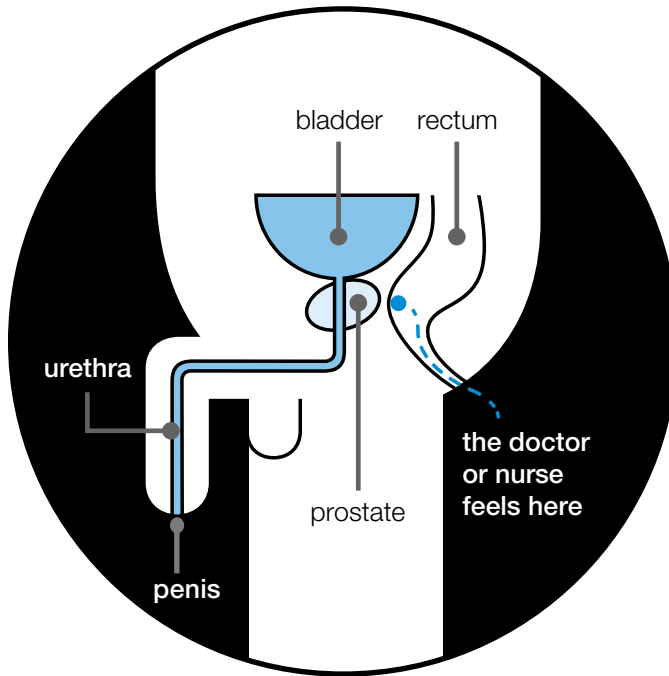
The digital rectal examination (DRE)

This is where your doctor feels your prostate through the wall of your back passage (rectum). They will ask you to lie on your side on an examination table, with your knees brought up towards your chest. The doctor will slide a finger gently into your back passage. They'll wear gloves and put some gel on their finger to make it more comfortable.

You may find the DRE slightly uncomfortable or embarrassing, but the test isn't usually painful and it doesn't take long.

The doctor will feel your prostate for any hard or lumpy areas and to get an idea of its size. They will refer you to a specialist at the hospital if your prostate feels unusual, even if your PSA level isn't raised.

 Read more about the DRE in our fact sheet, **How prostate cancer is diagnosed**.



Worried about having a DRE?

It's natural to feel worried or embarrassed about having tests, but some men find the idea of having a DRE upsetting. For example, if you've ever been sexually abused, you might feel very upset about having this test.

There's no right or wrong way to feel, and it's your choice whether or not to have a DRE. If you do decide to have a DRE, explain your situation to your doctor. They can talk you through the test and help to reassure you. It may also help to talk to a counsellor.

What happens next?

If your GP thinks you might need more tests, they'll offer an appointment for you to see a specialist at the hospital. If they think you could have prostate cancer, you will usually see the specialist within two weeks.

Or the GP might suggest having another PSA test in the future to see if your PSA level changes, rather than seeing a specialist straight away. You can also ask your GP to refer you to a specialist.

Regular PSA tests

After some men have had their first PSA test they might want to have regular tests, particularly if they are at higher risk of prostate cancer. This might be a good way to spot any changes in your PSA level that might suggest prostate cancer. But we need more research to show how often you might need a test. You could discuss this with your GP or practice nurse, or call our Specialist Nurses.



You can keep a record of your PSA level in the table on page 42. This might be useful if you see a specialist or ask for a second opinion.

PSA testing to work out your future risk of prostate cancer (baseline PSA testing)

This involves having a PSA test while your risk of getting prostate cancer is still low – for example in your 40s. You might hear this called a baseline PSA test.

The aim of a baseline test is not to help diagnose prostate cancer. But some research suggests that a baseline PSA test could be used to predict how likely you are to get prostate cancer in the future. If a man's PSA level in his 40s is slightly higher than expected, he might have a higher risk of getting prostate cancer in the future.

If the test suggests you're at higher risk, you and your doctor may decide to do regular PSA tests to spot any changes that might suggest prostate cancer.

However, we don't yet know exactly what PSA level in your 40s would show an increased risk of prostate cancer, or how often you should have more tests. Because of this, baseline testing isn't very common in the UK. For more information about baseline testing, speak to your GP.



My PSA was a little high, so my GP referred me to see a specialist for more tests.

A personal experience

Seeing a specialist

If your GP refers you to a specialist, this will usually be a urologist (a doctor who specialises in treating problems with the urinary system, including prostate cancer) or a specialist nurse.

If you do have an appointment at the hospital, you may have another PSA test or DRE. Depending on the results, the specialist might recommend another PSA test at your GP surgery in the future. Or they might recommend further tests, such as an MRI (magnetic resonance imaging) scan, or a prostate biopsy (see 26).

MRI scan

An MRI (magnetic resonance imaging) scan uses magnets to create a detailed picture of your prostate and the surrounding tissues.

In many hospitals you may have a special type of MRI scan, called a multi-parametric MRI (mpMRI) scan, before having a biopsy. This can help your doctor see if there is any cancer inside your prostate, and how quickly any cancer is likely to grow. In other hospitals you may have a biopsy first, followed by an MRI scan to see if any cancer found inside the prostate has spread. If your hospital isn't able to do mpMRI scans before biopsy, your doctor may be able to refer you to one that does.

What are the advantages and disadvantages of having an mpMRI scan before a biopsy?

Advantages

- It can give your doctor information about if there may be cancer inside your prostate, and how quickly any cancer is likely to grow.
- It's less likely than a biopsy to pick up a slow-growing cancer that would probably never need treatment.
- Doing an MRI scan before a biopsy, rather than after, means the images will be clearer.
- It can help your doctor decide if you need a biopsy – if there's nothing unusual on the scans, this means you're unlikely to have prostate cancer or prostate cancer that needs to be treated. You may be able to avoid having a biopsy, and its possible side effects.
- If you do need a biopsy, your doctor can use the scan images to decide which parts of the prostate to take samples from.
- If your biopsy finds cancer, you may not need another MRI scan to check if it has spread, as the doctor can get this information from your first one. This means you can start talking about suitable treatments as soon as you get your biopsy results.

Disadvantages

- Being in the MRI machine can be unpleasant if you don't like closed or small spaces.
- Some men are given an injection of dye during the scan – this can sometimes cause mild side effects.
- Some men can't have an MRI scan due to other medical conditions. This includes some pacemakers and artificial joints.



Read more about having an MRI scan in our fact sheet,

How prostate cancer is diagnosed.

Prostate biopsy

This involves using a thin needle to take small samples of tissue from the prostate. The tissue is then looked at under a microscope to check for cancer.

A raised PSA level alone doesn't always mean you need a biopsy. For example, something else may have caused your PSA level to increase. And you may not need a biopsy if you've already had an MRI scan and it showed no signs of cancer inside your prostate.

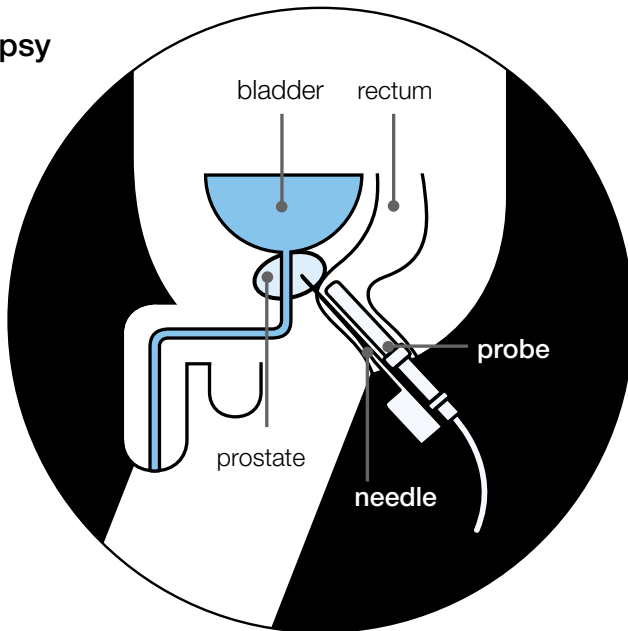
There are advantages and disadvantages to having a biopsy (see page 28). Your doctor should talk to you about these and discuss any questions you may have before you decide whether to have a biopsy.

There are two main types of biopsy:

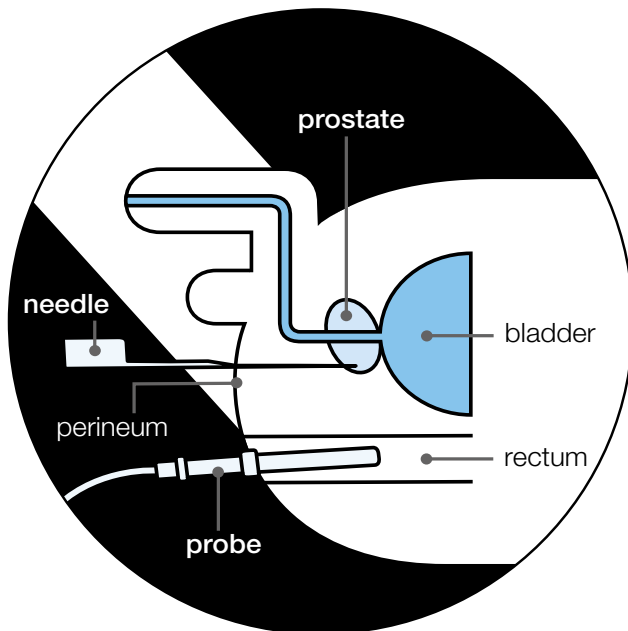
- a trans-rectal ultrasound (TRUS) guided biopsy, where the needle goes through the wall of the back passage
- a transperineal biopsy, where the needle goes through the skin between the testicles and the back passage (the perineum).

The diagrams opposite show the two types of biopsy.

TRUS biopsy



Transperineal biopsy



What are the advantages and disadvantages of having a biopsy?

Advantages

- It's the only way to find out for certain if you have cancer inside your prostate.
- It can help find out how aggressive any cancer might be – in other words, how likely it is to spread.
- It can pick up a faster growing cancer at an early stage, when treatment may prevent the cancer from spreading to other parts of the body.
- If you have prostate cancer, it can help your doctor or nurse decide which treatment options may be suitable for you.
- If you have prostate cancer, you'll usually need to have had a biopsy if you want to join a clinical trial in the future. This is because the researchers may need to know what your cancer was like when it was first diagnosed.

Disadvantages

- The biopsy can only show if there was cancer in the samples taken, so it's possible that cancer might be missed. This is less likely if you've already had an MRI scan, as the doctor can use the images to make sure they take samples from any areas that look unusual.
- It can pick up a slow-growing or non-aggressive cancer that might not cause any symptoms or problems in your lifetime. You'd then have to decide whether to have treatment or whether to have your cancer monitored. Treatment can cause side effects that can be hard to live with. But having your cancer monitored rather than having treatment might make you worry about your

cancer. This is less likely if you've already had an MRI scan, as your doctor may use the images to avoid taking samples from areas that look normal.

- A biopsy has side effects and risks, including the risk of getting a serious infection. You may be given antibiotics to help prevent this, but around 3 in 100 men (three per cent) who have a TRUS biopsy still get a serious infection that needs treating in hospital.
- If you take medicines to thin your blood, you may need to stop taking them for a while, as the biopsy can cause some bleeding for a couple of weeks. Your doctor will speak to you about this before you have a biopsy.



Read more about having a prostate biopsy, including the possible risks, in our fact sheet, **How prostate cancer is diagnosed**.




What happens if I'm diagnosed with prostate cancer?

Your test results will give your doctor an idea of how quickly your cancer might grow. You may also need scans to see if the cancer has spread outside the prostate. These might include an MRI scan, a computerised tomography (CT) scan or a bone scan. This will help you and your doctor discuss the best next step for you.

There are several ways to treat or monitor prostate cancer. Depending on how quickly the cancer is likely to grow and if it has spread outside the prostate, you may be able to choose between different treatments or ways of monitoring the cancer.

If you have a slow-growing cancer that hasn't spread outside the prostate, it may never cause any problems or shorten your life. Because of this, you might not need any treatment. You might be able to have the cancer monitored safely with regular check-ups instead. This means you'll avoid or delay treatment and its side effects. If tests show the cancer is growing, or you start to get symptoms, you'll be offered treatment.

If tests suggest your prostate cancer is fast-growing or has already spread outside your prostate, you may need to have treatment. There are several treatments for prostate cancer and you may have a choice of treatments. All treatments for prostate cancer can cause side effects, such as urinary, bowel and erection problems, and fatigue. But there are treatments available to help manage these.

 Speak to our Specialist Nurses for more information about ways to monitor or treat prostate cancer, and the possible side effects of treatment. Or visit prostatecanceruk.org/treatments

Should I have a PSA blood test?

Talk to your GP or practice nurse about whether to have a PSA test. You should discuss whether you're at higher risk of prostate cancer, any symptoms you might have, any other health problems, and the advantages and disadvantages of the test. This can help you decide whether or not to have a test. It might help to write down any questions you have before you speak to your GP.

Advantages and disadvantages of the PSA blood test

It's important to think through the advantages and disadvantages of the PSA test. Having a PSA test is a personal decision – what might be important to one man may be less important to another.

Advantages

- It can help pick up prostate cancer before you have any symptoms.
- It can help pick up a fast-growing cancer at an early stage, when treatment could stop it spreading and causing problems.
- A regular PSA test could be helpful, particularly if you have an increased risk of prostate cancer. This could detect any unusual increase in your PSA level that might be a sign of prostate cancer.

Disadvantages

- Your PSA level might be raised, even if you don't have prostate cancer. Many men with a raised PSA level don't have prostate cancer.
- The PSA test can miss prostate cancer. 1 in 7 men with a normal PSA level may have prostate cancer, and 1 in 50 men with a normal PSA level may have a fast-growing cancer.
- If your PSA level is raised you may need a biopsy. This can cause side effects, such as pain, infection and bleeding. But in most hospitals, men now have an MRI scan first, and only have a biopsy if the scan finds anything unusual.
- Being diagnosed with a slow-growing prostate cancer that is unlikely to cause any problems or shorten your life may still make you worry, and may lead you to have treatment that you don't need. Treatments can cause side effects that can affect your daily life, such as urinary, bowel and erection problems. But most men with low-risk, localised prostate cancer now have their cancer carefully monitored instead, and only have treatment if the cancer starts to grow.

Deciding whether or not to have a PSA test can be difficult.

Before you decide, think about the information in this booklet. Try asking yourself the questions below, or discuss them with your GP or practice nurse.

- Am I at increased risk of prostate cancer?
- If my PSA level was normal, would this reassure me?
- What will happen if my PSA level is higher than expected?
- Would my local hospital do an MRI scan before deciding whether to do a biopsy?
- If I was diagnosed with slow-growing prostate cancer that might never cause any problems, would I still want to have treatment, even though it could cause side effects, or would I be comfortable having my cancer monitored?



If you want to discuss the test, call our Specialist Nurses. They can help you understand your own risk of prostate cancer and talk you through the advantages and disadvantages of the PSA test.



My GP won't give me a PSA blood test. What can I do?

You have the right to a PSA test if you're over 50 and you've thought carefully about the advantages and disadvantages. If you then decide that you want a test, your GP should give you one.

A PSA test isn't suitable for everyone. For example, your GP may not recommend it if your general health means you wouldn't be fit enough for treatment for prostate cancer, or if treatment wouldn't help you to live longer.

If your GP doesn't agree to do a PSA test, ask them to explain why, as there may be a good reason.

Explain that you are entitled to a PSA test under the NHS Prostate Cancer Risk Management Programme (see page 39). It might help to take this booklet along with you. You could also print and show them our information for GPs, which includes the Prostate Cancer Risk Management Programme and Prostate Cancer UK's consensus statements on PSA testing. You can find this information on our website at prostatecanceruk.org/PSAconsensusHP

- If they still say no, try speaking to another GP or practice nurse.
- If they also say no, speak to the practice manager at your GP surgery.
- Your GP surgery should have information about its complaints procedure. You can follow this procedure, or write to the GP or practice manager explaining your complaint.

If you still can't get a PSA test, you could follow the NHS complaints procedure.

- **In England:** you can complain to NHS England. The NHS website has more information.
- **In Scotland:** you can complain to your local health board. The Patient Advice and Support Service can provide information, advice and support. Get more information from NHS Inform.
- **In Wales:** you can complain to your local health board. Your local Community Health Council can help with this. Health in Wales has more information.
- **In Northern Ireland:** you can complain to the Northern Ireland Public Services Ombudsman through their website. Get more information from nidirect.

Find contact details for all these organisations on page 44.

Make sure you include the following information in your complaint:

- your name
- your contact details – such as your home address, telephone number or email address
- a clear description of your complaint – including what happened, where and when
- details of any relevant conversations, letters or emails you've had.

You can also get advice and support from Citizens Advice.



If you're not sure whether to make a complaint, get in touch with our Specialist Nurses. They can help you understand your risk of prostate cancer so that you can decide what to do next.

Why isn't there a prostate cancer screening programme?

Screening programmes aim to find early signs of illness in people who don't yet have any symptoms. They invite all suitable people to have a test to find out if they are at risk. In the UK there are screening programmes for breast, cervical, bowel and lung cancer. Finding cancer early means it could be treated in time to get rid of it before it causes any problems.

There is currently no screening programme for prostate cancer in the UK and you will not be invited for a PSA test by your GP.

It's important that the benefits of any screening programme outweigh the disadvantages. But it isn't clear that screening all men with the PSA test would have more benefits than disadvantages.

Some studies have found that screening with the PSA test could mean fewer men die from prostate cancer. But it would also mean that:

- some men would have a biopsy, which could cause side effects.
- a large number of men would be diagnosed with a slow-growing cancer that wouldn't cause any symptoms or shorten their life
- some of these men would have treatment they didn't need, which could cause side effects.

While the PSA test on its own isn't suitable as a screening test for prostate cancer, researchers are working to find a test, or combination of tests, that might be suitable in the future.

Until then, the Prostate Cancer Risk Management Programme gives men over 50 the right to have a PSA test on the NHS – as long as they've thought carefully about the advantages and disadvantages.



My GP explained the PSA test and its limitations. He then explained what a raised PSA might mean. He told me that the decision whether or not to have the test was mine and suggested that I think it over, talk to my partner, and come back if I wanted one.

A personal experience

Questions to ask your GP or practice nurse



Am I at risk of prostate cancer?

What are the advantages and disadvantages of having a PSA test?

Will I need a DRE?

How long will I have to wait for the results?

If I have a PSA blood test and the result is normal, will I need to have regular tests in the future?

If I have a PSA blood test and my PSA is raised, what will happen?

Questions to ask your hospital specialist



Do I need a biopsy?

Will I have an MRI scan before having a biopsy?

What are the risks and side effects of a biopsy?

How soon will I get the results?

Will I need any other tests?

What support can I get?

More information from us

The Tool Kit

The Tool Kit information pack contains fact sheets that explain how prostate cancer is diagnosed, how it's treated and how it may affect your lifestyle. Each treatment fact sheet also includes a list of suggested questions to ask your doctor. Call our Specialist Nurses for a personally tailored copy.

Leaflets and booklets

We have a range of other leaflets and booklets about prostate cancer and other prostate problems.

To order publications:

All our publications are free and available to order or download online. To order them:

- call us on **0800 074 8383**
- visit our website at **prostatecanceruk.org/publications**

Call our Specialist Nurses

If you want to talk about prostate cancer or other prostate problems, call our Specialist Nurses in confidence. You can also text NURSE to **70004**, or you can email or chat online with our nurses on our website. Visit **prostatecanceruk.org/get-support**



**Speak to our
Specialist Nurses**

0800 074 8383*

prostatecanceruk.org

*Calls are recorded for training purposes only. Confidentiality is maintained between callers and Prostate Cancer UK.

Other useful organisations

Advice NI

www.adviceni.net

Telephone: 0800 915 4604

Advice on a range of issues including financial and legal matters.

Citizens Advice

www.citizensadvice.org.uk

Telephone: 03444 111 444 (England), 03444 77 20 20 (Wales)

Advice on a range of issues including financial and legal matters.

Find your nearest Citizens Advice in the phonebook or online.

Citizens Advice Scotland

www.cas.org.uk

Telephone: 0800 028 1456

Free, confidential and independent advice and support for NHS patients in Scotland.

Health in Wales

www.wales.nhs.uk

Information about health and health services in Wales, including information about making a complaint about NHS services.

Healthtalk.org

www.healthtalk.org

Watch, listen to or read personal experiences of men with prostate cancer and other health problems.

NHS Inform

www.nhsinform.scot

Telephone: 0800 22 44 88

Health information and details of NHS and other support services in Scotland, including information about making a complaint about NHS services.

NHS website

www.nhs.uk

Information about conditions, treatments and lifestyle. Support for carers and a directory of health services in England. Provides information about making a complaint about your GP.

nidirect

www.nidirect.gov.uk

Information about government services in Northern Ireland, including health services. Provides information about making a complaint about Health and Social Care services in Northern Ireland.

Prostate Cancer Risk Management Programme

<https://www.gov.uk/guidance/prostate-cancer-risk-management-programme-overview>

NHS information about the advantages and disadvantages of the PSA test for diagnosing prostate cancer.

About us

Prostate Cancer UK has a simple ambition: to stop men dying from prostate cancer – by driving improvements in prevention, diagnosis, treatment and support.

At Prostate Cancer UK, we take great care to provide up-to-date, unbiased and accurate facts about prostate diseases. We hope these will add to the medical advice you have had and help you to make decisions. Our services are not intended to replace advice from your doctor.

References to sources of information used in the production of this booklet are available at **prostatecanceruk.org**

This publication has been reviewed for accuracy and updated by:

- Our Health Information team
- Our Specialist Nurses.

Tell us what you think

If you have any comments about our publications, you can email: **yourfeedback@prostatecanceruk.org**

Donate today – help others like you

Did you find this information useful? Would you like to help others in your situation access the facts they need? Every year, over 52,000 men face a prostate cancer diagnosis. Thanks to our generous supporters, we offer information free to all who need it. If you would like to help us continue this service, please consider making a donation. Your gift could fund the following services:

- £10 could buy a Tool Kit – a set of fact sheets, tailored to the needs of each man with vital information on diagnosis, treatment and lifestyle.
- £25 could give a man diagnosed with prostate cancer unlimited time to talk over treatment options with one of our specialist nurses.

To make a donation of any amount, please call us on **0800 082 1616**, visit **prostatecanceruk.org/donate** or text **PROSTATE to 70004[†]**. There are many other ways to support us. For more details please visit **prostatecanceruk.org/get-involved**

[†] You can donate up to £10 via SMS and we will receive 100% of your donation. Texts are charged at your standard rate. For full terms and conditions and more information, please visit prostatecanceruk.org/terms



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**Speak to our
Specialist Nurses**


0800 074 8383*

prostatecanceruk.org



Patient Information Forum

 Like us on Facebook: **Prostate Cancer UK**

 Follow us on Twitter: **@ProstateUK**

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To be reviewed November 2024

**Call our Specialist Nurses from Monday to Friday 9am - 5pm,
Wednesday 10am - 5pm**

* Calls are recorded for training purposes only.

Confidentiality is maintained between callers and Prostate Cancer UK.

Prostate Cancer UK is a registered charity in England and Wales (1005541) and in Scotland (SC039332). Registered company number 02653887.

