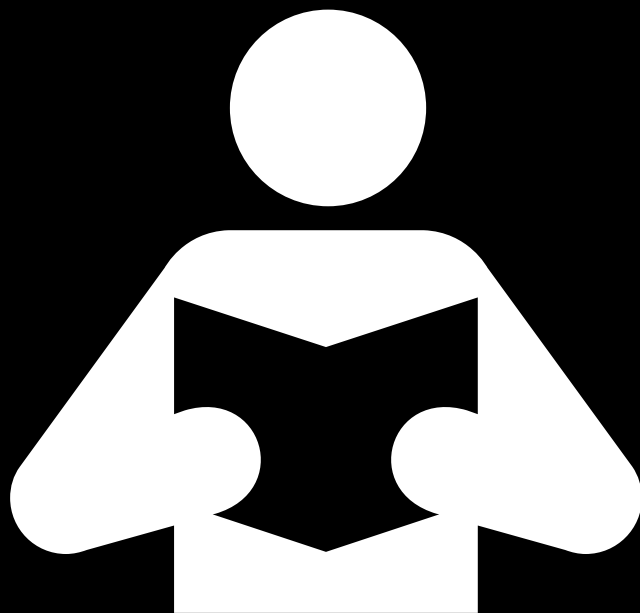


Understanding the PSA test

A guide for men concerned about prostate cancer



**PROSTATE
CANCER UK**

About this booklet

This booklet is for men who want 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

Contents

About this booklet	2
The PSA test: in brief	4
What is the prostate?	7
What can go wrong?	8
What changes should I look out for?	8
What is an enlarged prostate?	10
What is prostatitis?	10
What is prostate cancer?	11
Having a PSA test	15
Seeing a specialist	23
What happens if I'm diagnosed with prostate cancer?	26
Should I have a PSA test?	28
My GP won't give me a PSA test. What can I do?	30
Why isn't there a prostate cancer screening programme?	32
 Questions to ask your GP or practice nurse	35
 Questions to ask your hospital specialist	36
 PSA levels	37
More information from us	38
Other useful organisations	39
About Prostate Cancer UK	41

The PSA test: in brief

What is the PSA 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 and your prostate gets bigger. A raised PSA level may suggest you have a problem with your prostate, but not necessarily cancer.

You can have a PSA test at your GP surgery. You will need to discuss it with your GP first. At some GP surgeries you can discuss the test with a practice nurse and they can do a test if you decide you want one.

Who can have a PSA test?

You can have a PSA test if you're over 50 and you've talked through the advantages and disadvantages with your GP or practice nurse (see page 28). If you're over 45 and have a higher risk of prostate cancer (see page 15), you might want to talk to your GP about having a PSA test.

Your GP or practice nurse may not recommend the PSA test if you don't have any symptoms, and you have other serious health problems that mean you might not be fit enough for treatment for prostate cancer, or if treatment for prostate cancer wouldn't help you to live longer. But if you have symptoms of a possible prostate problem (see page 8), your GP may arrange for you to see a specialist at the hospital.

What can the PSA 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 16). 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 test and prostate cancer

A raised PSA level can be a sign of prostate cancer. But 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.

Read more about your risk of prostate cancer on page 12.

To decide whether you need to see a specialist, your GP will look at more than just your PSA level. They will also look at your risk of prostate cancer and whether you've had a prostate biopsy in the past. They may also do a digital rectal examination (DRE) to check if your prostate feels normal (see page 19).

Should I have a PSA test?

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

- your own risk of prostate cancer (see page 12)
- what the PSA test involves (see page 15)
- the advantages and disadvantages of the test (see page 28)
- any other tests you might need to have after a PSA test (see page 23).

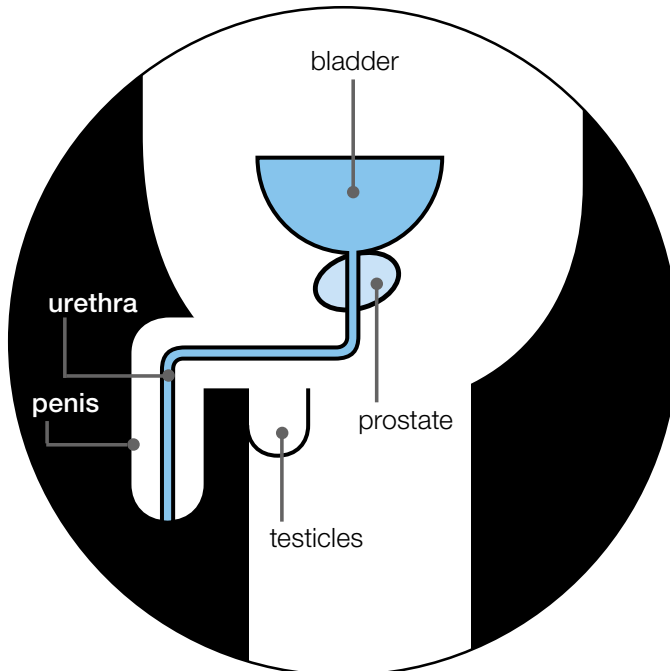


It might help to talk this over with your partner, family or friends. You could also talk to your GP or call our Specialist Nurses on 0800 074 8383.

What is the prostate?

Only men have a prostate. The prostate 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 men urinate (pee) and ejaculate through.

The prostate is a gland. Its main job is to help make semen – the fluid that carries sperm.



What can go wrong?

The most common types of prostate problems are:

- an enlarged prostate
- prostatitis
- prostate cancer.

What changes should I look out for?

Most men with early prostate cancer don't have any symptoms. Some men might have problems urinating, but these are common in older men. They are sometimes a sign of prostate cancer. But they are usually caused by problems that aren't cancer, such as an enlarged prostate or a urine infection.

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

- needing to urinate more often, especially at night – for example if you often need to go again two hours after urinating
- 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 urge to urinate – sometimes leaking urine before you get to a toilet
- dribbling urine after you finish urinating.

Less common symptoms include:

- pain when urinating
- pain when ejaculating.

You might find it helpful to tick any problems you have and take this booklet with you when you visit your GP.

A small number of men get blood in their urine or semen, or problems getting or keeping an erection. These symptoms aren't usually caused by a prostate problem, and are more often linked to other health problems. Talk to your doctor if you see any blood in your urine or semen.

All of these symptoms 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 symptoms you have and take this booklet with you to your appointment.

Remember – most men with early prostate cancer don't have any symptoms. If you're worried about your risk of prostate cancer, speak to your GP, even if you don't have symptoms.

What is an enlarged prostate?

This 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?

This is the name given to a set of symptoms that are thought to be caused by an infection or by inflammation (swelling) of the prostate. It isn't cancer.

Prostatitis is common. It can affect men of any age but it's most common in men between the ages of 36 and 50. It can cause a wide variety of symptoms, including urinary problems, aching in the area between your testicles and back passage, and pain in the lower part of your abdomen (stomach area), groin or lower back. In severe cases it can cause fever 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 common cancer in men in the UK. About 1 in 8 men will be diagnosed with prostate cancer at some point in their lives.

Prostate cancer often grows slowly and has a low risk of spreading. It may never cause any problems or shorten a man's life – in other words, it's often not life-threatening. Because of this, slow-growing prostate cancer might not need to be treated. It can often be monitored with regular check-ups instead. If the check-ups show the cancer is growing, you'll be offered treatment.

But some men will have cancer that grows more quickly and has a higher risk of spreading. If prostate cancer spreads outside the prostate to other parts of the body (advanced prostate cancer), it's more likely to cause problems and shorten your life. Fast-growing prostate cancer needs treatment to stop it spreading.

Who is at risk?

There are some things that may mean you're more likely to get prostate cancer.

Your age

- Prostate cancer mainly affects men over the age of 50, and your risk increases with age.
- The most common age for men to be diagnosed with prostate cancer is between 65 and 69 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

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 developing prostate cancer.

- 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.
- You may have a higher risk of prostate cancer if your mother or sister has had breast cancer, particularly if they were diagnosed under the age of 60 and had faults in genes called BRCA1 or BRCA2.

If you have relatives with prostate cancer or breast cancer and are worried about this, speak to your GP. Although the risk is increased, it doesn't necessarily mean you will get prostate cancer.

Faults in other genes may also increase the risk of prostate cancer. We need more research to fully understand how faults in genes affect a man's risk of 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 at some point in their lives.

Your body weight

No one knows how to prevent prostate cancer. But staying a healthy weight – for example by eating healthily and keeping active – may be important.

Research suggests that being overweight or obese can 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). Read more in our leaflet, **Diet, physical activity and your risk of prostate cancer**.

What are the symptoms of prostate cancer?

Most men with early prostate cancer don't have any symptoms.

Some men with prostate cancer may have difficulty urinating. Men with prostate cancer that has spread to other parts of the body might have pain in the back, hips or pelvis, problems getting or keeping an erection, blood in the urine, or unexplained weight loss.

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



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 test

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 have symptoms such as problems urinating, if you're worried about prostate problems, or if you're at higher risk of getting prostate cancer.

It's important to think about whether 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 28).

You have the right to a PSA test if you're over 50 and you've talked through the advantages and disadvantages with your GP or practice nurse. If you're over 45 and have a higher risk of prostate cancer, for example if you're black or you have a family history of it, you might want to talk to your GP about having a PSA test.

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

What will happen at the GP surgery?

Your GP or practice nurse should talk to you about the advantages and disadvantages of the PSA test before you decide to have one. They will also discuss your own risk of getting prostate cancer, and ask about any symptoms you might have.

Your GP or practice nurse will also talk to you about your general health and any other health problems. They might recommend not having a PSA test if you don't have any symptoms and you

have other serious health problems that mean you might not be fit enough for treatment for prostate cancer, or if treatment for prostate cancer wouldn't help you to live longer.

If you decide you want a PSA test, your GP or practice nurse may also do a digital rectal examination (DRE) and a urine test to rule out a urine infection.

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).

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 and your prostate gets bigger. Prostate problems, such as an enlarged prostate or prostatitis (see page 10), can cause your PSA level to rise – but lots of other things can affect your PSA level too. The following are all examples of things that can affect your PSA level.

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

You might be asked not to do any vigorous exercise, especially cycling, in the 48 hours before a PSA test.

Ejaculation

You may be asked to avoid any sexual activity that leads to ejaculation in the 48 hours before a PSA test.

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.

Digital rectal examination (DRE)

Having a DRE just before a PSA test might raise your PSA level a small amount (see page 19). Your doctor might avoid testing your PSA for a week if you've just had a DRE.

Prostate biopsy

If you've had a prostate biopsy (see page 24) 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, 5-alpha-reductase inhibitors such as finasteride (Proscar®) or dutasteride (Avodart®), which can be used to treat an enlarged prostate, can reduce your PSA level and give a false test result.

Other tests or surgery

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

What will the test results tell me?

Because lots of things can affect your PSA level, including the prostate problems talked about on page 10, a PSA test alone can't usually tell you whether you have prostate cancer.

Because of this, your GP won't consider your PSA level on its own. To decide whether you need to see a specialist at the hospital, your GP will look at:

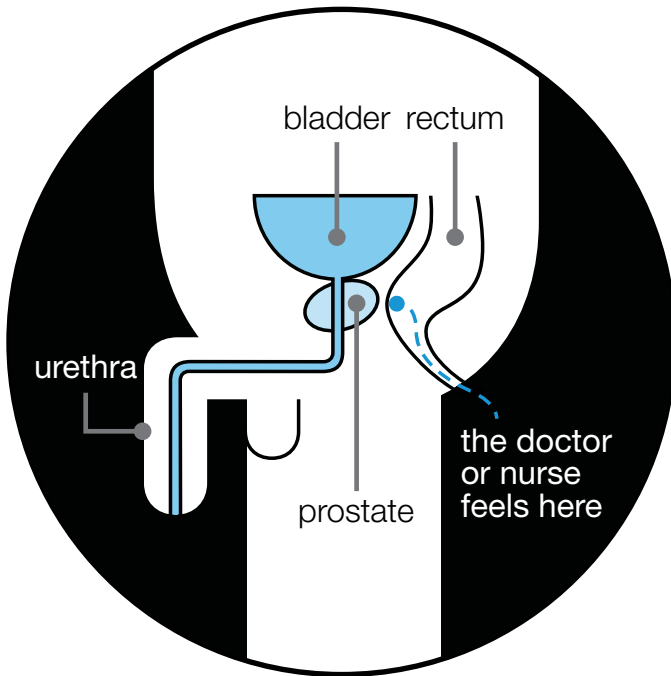
- your PSA level
- the results of a DRE
- your age
- your ethnicity
- your family history and genes
- your body weight
- any other health problems or things that may have affected your PSA results
- whether you've had any tests for prostate cancer before.

Your GP might make an appointment for you to see a specialist if your PSA level is 3 ng/ml or higher. But this is just a guide. Your GP might decide you don't need to see a specialist if there are other reasons why your PSA level is raised. Or they might decide to refer you to a specialist if your PSA level is lower than 3 ng/ml but you have a higher risk of prostate cancer for other reasons, such as your family history.

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 or nurse feels your prostate through the wall of the back passage (rectum). They 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.



The doctor or nurse will feel your prostate for any hard or lumpy areas and to get an idea of its size. You may find the DRE slightly uncomfortable or embarrassing, but the test isn't usually painful and it doesn't take long.

You may be referred to a specialist at the hospital if your prostate feels unusual, even if your PSA level is not raised.

If you have a DRE, you might need to wait a week before having a PSA test. This is because having a DRE just before a PSA test could slightly raise your PSA level.

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



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

A personal experience

What happens next?

If your GP thinks you might need more tests, they'll make an appointment for you to see a specialist at the hospital. Or they 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 every few years, 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 37. 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

This involves having a PSA test while your risk of getting prostate cancer is still low – for example when you are 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 to help work out your risk of getting prostate cancer in the future.

There is some research suggesting that your PSA level in your 40s could be used to predict how likely you are to get prostate cancer, or fast-growing (aggressive) prostate cancer, in the future. If a man's PSA level in his 40s is slightly higher than most men the same age, 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. This might be a good way to spot any changes in your PSA level 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.

Seeing a specialist

If your GP thinks you may have a prostate problem, they'll make an appointment for you to see a specialist at the hospital. This will usually be a urologist (a doctor who specialises in diseases of the urinary system, including prostate cancer) or a specialist nurse. 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.

MRI scan

An MRI (magnetic resonance imaging) scan creates a detailed picture of your prostate and the surrounding tissues. It can help to show whether there is anything unusual in the prostate or the area around it that might be cancer. This can help the doctor decide if you need a biopsy. It can also help your doctor decide which areas of the prostate to take samples from if you do have a biopsy.



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

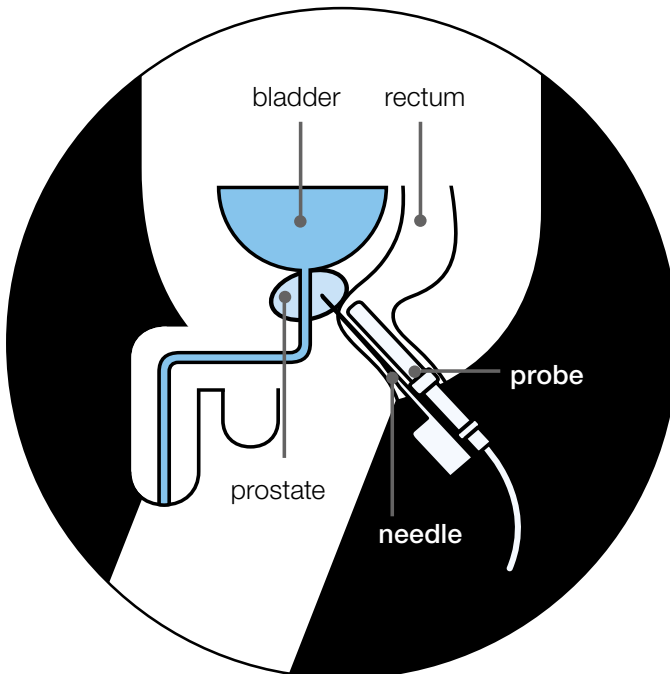
How prostate cancer is diagnosed.

Prostate biopsy

This involves using thin needles to take small pieces 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. There are advantages and disadvantages to having a biopsy (see next page). Your doctor should talk to you about these and discuss any questions you may have before you decide whether to have a biopsy.

The most common type of biopsy in the UK is called a trans-rectal ultrasound (TRUS) guided biopsy (see below).



What are the advantages and disadvantages of having a biopsy?

Advantages

- It's the only way to find out for certain if you have prostate cancer.
- 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.

Disadvantages

- The biopsy can only show whether there was cancer in the samples taken, so it's possible that cancer might be missed.
- 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.
- A biopsy can cause short-term side effects, such as pain, a urine infection, difficulty urinating, and blood in your urine, bowel movements or semen.
- You may get a serious infection (called sepsis or septicaemia) that requires going to hospital. You'll have antibiotics to prevent this, but around 3 in 100 men still get a serious infection.

Read more about having a prostate biopsy in our fact sheet,



How prostate cancer is diagnosed.

What happens if I'm diagnosed with prostate cancer?

You may need scans to find out whether the cancer has spread outside the prostate. These might include an MRI scan, a computerised tomography (CT) scan, or a bone scan. The results of all your tests will give your doctor an idea of how quickly your cancer might grow and whether it has spread. This will help you and your doctor to 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 whether 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, it may never cause any problems or shorten your life. Because of this, slow-growing prostate cancer that hasn't spread outside the prostate might not need to be treated. It can often be monitored with regular check-ups instead. This means you'll avoid or delay treatment and its possible side effects. If tests show the cancer is growing more quickly than expected, or you get symptoms, you'll be offered treatment.

If tests suggest your 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 erection problems, urinary problems and bowel problems. But there are treatments available to help manage these.

Visit prostatecanceruk.org for information about ways to monitor or treat prostate cancer, and the possible side effects of treatment.



Should I have a PSA test?

Talk to your GP or practice nurse about whether to have a PSA test. They should discuss with you 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 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 not be to another.

Advantages

- It can help pick up prostate cancer before you have any symptoms.
- It may help to pick up a fast-growing cancer at an early stage when treatment may stop the cancer spreading and causing problems.
- Having regular PSA tests could be helpful for men who are more at risk of prostate cancer. This can help spot any changes in your PSA level, which might be a sign of prostate cancer.

Disadvantages

- You might have a raised PSA level, 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 (15 per cent) with a normal PSA level may have prostate cancer, and 1 in 50 men (two per cent) with a normal PSA may have a fast-growing prostate cancer.

- If your PSA level is raised you may need more tests, including a biopsy. The biopsy can cause side effects, such as pain, infection and blood in the urine and semen.
- You might be diagnosed with a slow-growing prostate cancer which would never have caused you any problems or shortened your life. But being diagnosed with cancer could make you worry, and you might decide to have treatment that you didn't need.
- Treatments for prostate cancer have side effects that can affect your daily life, including urinary, bowel, and erection problems.

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

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 higher risk of prostate cancer?
- If my PSA level was normal, would this reassure me?
- If my PSA level was raised, what would I do?
- If I was diagnosed with slow-growing prostate cancer that might never cause any problems, would I want treatment that could cause side effects?



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 test.

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

You have the right to a PSA test if you're over 50 and you've talked through the advantages and disadvantages with your GP or practice nurse. If you've talked about it with your GP or practice nurse, and decided that you want to have one, they should give you a PSA test. But we know that some men have trouble getting the test. There are things you can do if your GP or practice nurse won't give you a test.

Explain that you are entitled to a PSA test under the NHS Prostate Cancer Risk Management Programme (see page 33). It might help to take this booklet along with you. You might also like to print and show them a copy of 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 have trouble getting a PSA test, you could make a complaint through the NHS complaints procedure.

- If you live in England, you can complain to NHS England. NHS Choices has more information.
- If you live in Scotland, you can make a complaint to your local health board. The Patient Advice and Support Service can provide information, advice and support in making a complaint. Get more information from NHS National Services Scotland.
- If you live in Wales, you can make a complaint to your local health board. If you need help in making a complaint, contact your local Community Health Council for advice. Health in Wales has more information.
- If you live in Northern Ireland, you can make a complaint to the Health and Social Care board. The Patient and Client Council can provide advice and support in making a complaint. Get more information from nidirect.

Find contact details for all these organisations on page 39.

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 get advice and support about making a complaint from your local Citizens Advice Bureau.

If your GP or practice nurse won't give you a PSA test and 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 the early signs of cancer in people who don't have any symptoms yet. By finding cancer early, it could be treated in time to get rid of it. In the UK there are screening programmes for breast, cervical and bowel cancer.

There is currently no screening programme for prostate cancer in the UK. One reason for this is that the PSA test isn't good enough at finding prostate cancer to be used as part of a screening programme – the list of disadvantages on page 28 explains why.

It's important that the benefits of a screening programme outweigh any disadvantages. But it isn't clear that screening 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:

- many 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 have caused any symptoms or shortened their life
- a large number of these men would have treatment they didn't need, which could cause side effects.

Other studies have found that screening may not reduce the number of deaths from prostate cancer.

Although there's no screening programme for prostate cancer, 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 talked through the advantages and disadvantages with their GP or practice nurse.



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

If I have a PSA 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

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

Citizens Advice

www.citizensadvice.org.uk

Advice on a wide range of issues including financial and legal matters. Find your nearest Citizens Advice Bureau in the phonebook or online.

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 Choices

www.nhs.uk

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

NHS National Services Scotland

www.nhsns.org

Supports the NHS in Scotland. Provides information about making a complaint about NHS services in Scotland.

NHS Shared Decision Making

sdm.rightcare.nhs.uk

Decision aids to help people make difficult decisions about their healthcare. Includes a decision aid to help men decide whether to have a PSA test and to help them discuss this with their 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

www.cancerscreening.nhs.uk/prostate

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

About Prostate Cancer UK

Prostate Cancer UK fights to help more men survive prostate cancer and enjoy a better life. We do this through Men United, our movement for everyone who believes men are worth fighting for. You can join Men United at prostatecanceruk.org/menunited

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 was written and edited by
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- Chris Parker, Consultant Clinical Oncologist, The Royal Marsden NHS Foundation Trust, Sutton
- Our Volunteers
- Our Specialist Nurses.



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, 40,000 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






**Speak to our
Specialist Nurses**

0800 074 8383*

prostatecanceruk.org



 Like us on Facebook: Prostate Cancer UK

 Follow us on Twitter: @ProstateUK

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To be reviewed November 2018

**Call our Specialist Nurses from Monday to Friday 9am - 6pm,
Wednesday 10am - 8pm**

* 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.

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