

**A summary of the Prostate Cancer
Risk Management Programme and
Prostate Cancer UK's consensus
statements on PSA testing:**

Information for GPs in the UK

March 2016



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The Prostate Cancer Risk Management Programme (PCRMP)

There is currently no organised population-wide screening programme for prostate cancer. Instead, there is an informed choice programme – the PCRMP. The aim of the PCRMP is to ensure that men receive information about prostate cancer and the associated risks, and clear and balanced information about the advantages and disadvantages of the prostate specific antigen (PSA) test. This will help men to decide whether they want to have the test.

Referral and assessment

Symptomatic men

Early prostate cancer often has no obvious symptoms, but some symptoms will be related to the lower urinary tract and may be inflammatory or obstructive.

Prostate cancer is also a possibility in male patients with any of the following unexplained symptoms:

- erectile dysfunction
- haematuria
- lower back pain
- bone pain
- weight loss, especially in the elderly.



Patients presenting with symptoms suggesting prostate cancer should have a digital rectal examination (DRE) and a PSA test after having a balanced conversation about the test's pros and cons with their GP. NICE guidelines recommend you should refer men using an urgent two week wait referral if their prostate feels malignant on DRE or their PSA level $\geq 3\text{ng/ml}$.

Your CCG may have a GP cancer lead who can give you further information relating to your local area.

Asymptomatic men

There is currently not enough evidence for the UK National Screening Committee (NSC) to recommend a population-wide screening programme for prostate cancer using the PSA test, due to issues of over-treatment and over-diagnosis. The PCRMP is in place to ensure that men considering a PSA test are given information concerning the benefits, limitations and risks associated with having a test. The PCRMP provides a set of resources for primary care to help men aged 50 and over make an informed choice about the PSA test. If a man still wants a PSA test after consultation and consideration of the information provided, **he can have one free on the NHS.**

The recommended PSA referral value for men aged 50-69 is $\geq 3\text{ng/ml}$. The patient should be involved in any decision about referral to another healthcare provider. The PSA level alone should not automatically lead to a prostate biopsy. Other factors that should be considered in conjunction with the PSA level are:

- prostate size
- DRE findings
- age
- ethnicity
- family history of prostate cancer
- body weight/BMI
- co-morbidities
- any previous negative biopsy history
- any previous PSA history.

Prostate Cancer UK's consensus statements on PSA testing in asymptomatic men

In order to further support primary care, Prostate Cancer UK conducted a survey of health professionals and convened an independent panel of experts to produce the following consensus statements. They cover certain aspects of PSA testing where robust published evidence is lacking.

Statement 1: A man's PSA level should be built into a validated risk assessment tool, when available, alongside other known risk factors to better assess a man's risk of prostate cancer and aid in the decision-making process.

Statement 2: Primary healthcare professionals need to be aware of the factors that put men at higher than average risk of prostate cancer.

Statement 3: Primary healthcare professionals need to be prepared to have proactive conversations with men at higher than average risk of prostate cancer about prostate cancer risk and the PSA test.

Statement 4: Governments and public health agencies have primary responsibility for raising awareness of prostate health and prostate cancer risk factors amongst men in the UK, with relevant contribution from healthcare professionals and charities.

Statement 5: All men should be able to access PSA testing from the age of 50, but men at higher than average risk of prostate cancer should be able to access the PSA test from the age of 45.

Statement 6: When a PSA test is being considered, primary healthcare professionals should provide balanced information on the pros and cons of the PSA test in order to allow the man to make up his own mind on whether to have the test.

Statement 7: Asymptomatic men with a life expectancy of clearly less than 10 years should be recommended against an initial or repeat PSA test as they are unlikely to benefit.

Statement 8: GPs should offer a DRE to all asymptomatic men who have decided to have a PSA test.

Statement 9: Asymptomatic men at higher than average risk of prostate cancer who have a PSA test between the ages of 45 and 49 should be referred for further investigations if their PSA level is higher than 2.5ng/ml.

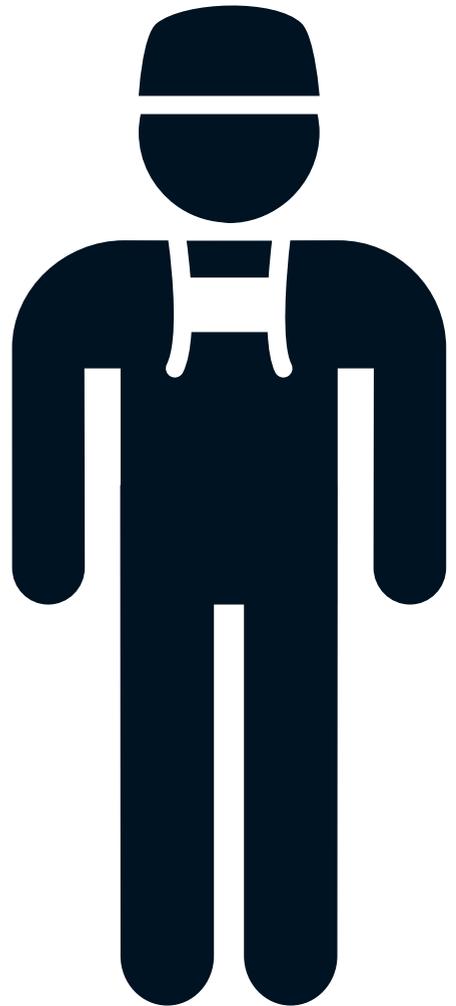
Statement 10: PSA history and a rising PSA (whilst still under the referral threshold) should be taken into consideration when deciding whether to refer to secondary care.

Statement 11: Asymptomatic men who have a PSA level below the threshold referral value should not be denied a repeat PSA test. Re-testing intervals should be individualised following a discussion incorporating prostate cancer risk factors.

Statement 12: Asymptomatic men over 40 should consider a single “baseline” PSA test to help predict their future prostate cancer risk.

If the PSA level is above the age-specific median value (0.7ng/ml for men aged 40-49), they should be considered at higher than average risk of prostate cancer and should be encouraged to be re-tested in the future.

Statement 13: The PSA test, even when combined with the DRE, should not be used in a UK population-wide screening programme for asymptomatic men.



Further information and resources

Key prostate cancer facts

- Prostate cancer is the most common cancer among men in the UK.⁽¹⁾
- Increasing age, family history of prostate cancer and Black ethnicity are the main risk factors.⁽²⁾
- Over 99% of men diagnosed with prostate cancer are aged 50 or over.⁽³⁾
- 1 in 8 of all men in the UK will develop prostate cancer in their lifetime.⁽⁴⁾
- 1 in 4 Black men in the UK will develop prostate cancer in their lifetime.⁽⁵⁾
The majority (90%) of Black men are not aware of this.⁽⁶⁾

Prostate cancer: diagnosis and treatment (NICE CG175, January 2014)
nice.org.uk/guidance/cg175

Suspected cancer: recognition and referral (NICE NG12, June 2015)
nice.org.uk/guidance/ng12

The UK NSC recommendation on prostate cancer screening/PSA testing in men over the age of 50 (January 2016)
legacy.screening.nhs.uk/prostatecancer

Public Health England's Prostate Cancer Risk Management Programme (2016)
gov.uk/guidance/prostate-cancer-risk-management-programme-overview

Prostate Cancer UK's consensus statements on PSA testing in asymptomatic men in the UK (2016) **prostatecanceruk.org/PSAconsensusHP**

The statements have been endorsed by the British Association of Urological Surgeons (BAUS), the British Association of Urological Nurses (BAUN) and the Primary Care Urology Society (PCUS).

For more information about how we can support you and your patients, visit **prostatecanceruk.org/hp**



References

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5. Lloyd T, Hounsome L, Mehay A, Mee S, Verne J, Cooper A. Lifetime risk of being diagnosed with, or dying from, prostate cancer by major ethnic group in England 2008–2010. *BMC Med*. 2015 Jul 30;13(1):171.
6. YouGov for Prostate Cancer UK. Figures from YouGov Plc. Total sample size was 2864 UK adults, of which 204 were Black men. Fieldwork was undertaken between 13th January and 4th February 2014. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+). [Internet]. 2014. Available from: <http://prostatecanceruk.org/public-awareness>

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