

Primary Care Urology Society COVID-19 information

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This information is endorsed by the Primary Care Urology Society (PCUS) and focused on prostate cancer during the COVID-19 pandemic. Given the understandable lack of evidence on best practice during COVID-19, this information presents advice from PCUS. It aims to supplement rather than duplicate existing guidance. As such it does not go into detail on use of PPE or social distancing measures. For more broad primary care guidance in each of the four nations, we suggest visiting the [Royal College of GPs' COVID-19 page](#).

Diagnosis

PSA testing asymptomatic men

Asymptomatic men aged over 50 have the right to a PSA test, if after weighing up the pros and cons, they decide they want one. Black men and men with a family history of prostate cancer are also at higher than average risk of the disease which can be a consideration in deciding whether or not to have a test. [Prostate Cancer UK's clinical consensus on the PSA test](#) suggests men at a higher than average risk of prostate cancer should be able to access the PSA test from the age of 45. Primary care clinicians should always talk men through the advantages and disadvantages of a PSA test, in line with PHE's [Prostate Cancer Risk Management Programme](#).

During the COVID-19 pandemic, this counselling should take place remotely via a telephone or video appointment. In addition to the advantages and disadvantages of the test, patients can also be made aware of the balance of risks associated with attending the surgery for a PSA test during the pandemic. Patients deciding to proceed with a test can have a telephone-based assessment of COVID-19 symptoms. A PSA test can be booked to take place after a period of self-isolation (as per NHSE guidance) if the patient is suspected to have COVID-19.

A continued lack of testing and assessment of cancer in primary care could result in more prostate cancer diagnoses being made at a later stage. To prevent an increase in late-stage diagnoses, NHS England has [written](#) to NHS Chief Executives saying cancer services must return 'to pre-pandemic levels at the earliest opportunity to minimise potential harm'.

Men with symptoms suggestive of prostate cancer

If a man calls in with [symptoms suggestive of prostate cancer](#), he can be offered a telephone appointment for assessment. An appointment can be arranged and tests carried out in primary care, if there are concerns of suspected prostate cancer. The decision to arrange an appointment should be discussed with the patient so that he can make an informed choice about the risk of COVID-19 and the potential risk of delaying investigation. Patients deciding to proceed with a test can have a telephone-based assessment of COVID-19 symptoms. The PSA test can be booked to take place after a period of self-isolation if the patient is suspected to have COVID-19. [NHS England has warned](#) it is important that patients with symptoms continue to seek help.

Ruling out urinary tract infections

Before referral to secondary care, we recommend urinary tract infections are ruled out as per normal practice. Initial assessment can be conducted via the telephone. If further investigation is

required, GP practices will have systems in place for patients to drop off urine samples safely, with respect to social distancing principles.

Digital Rectal Examination

During the pandemic, we would not recommend that GPs conduct digital rectal examinations (DRE) to test for possible prostate cancer. This is because only around [14%](#) of men with prostate cancer will have a DRE abnormality. There is a risk of [high viral-load in faecal matter](#) and DREs are difficult to conduct safely, even with adequate PPE.

Referral to secondary care

Two-week wait and urgent referral pathways for prostate cancer are still operating and men with suspected prostate cancer can still be referred to secondary care.

Trusts are exploring how they can safely re-instate multiparametric MRI (mpMRI) scans that are used to identify which patients require an MRI-influenced biopsy. To ensure that asymptomatic men with an elevated PSA ($\leq 30\text{ng/ml}$) can be triaged by an mpMRI scan, it is important that they are referred to centres able to make these scans safely available. This will ensure that the diagnostic pathway does not result in over or inaccurate diagnoses and that stretched NHS resources are managed effectively.

Integrated Care Systems and Sustainability Transformation Partnerships are responsible for second phase NHS COVID-19 planning and should have details of where clean mpMRI services are available.

Treatment

Active surveillance/PSA monitoring

Monitoring PSA in primary care should continue, unless advised otherwise by secondary care. However, in discussion with patients, the risk of delaying regular tests should be balanced against the risk of contracting COVID-19, to allow patients to make an informed choice.

Hormone therapy

Increasing numbers of men rely on hormone therapy to prevent the progression of their prostate cancer. This includes men with advanced disease and men forced to defer curative treatment because of the pressures of COVID-19 on the Health Service.

Sustained suppression of pituitary Luteinising Hormone that reduces serum testosterone to castrate range is only maintained by repeat regular administration. Interrupting this treatment puts men at risk of progression and increased morbidity, including potentially serious sequelae of advanced disease such as spinal cord compression, pathological fractures and ureteral obstruction.

We therefore request that you enable men who want to, to continue to receive their hormone treatment from their GP.

Before inviting patients to receive hormone injections, assessment for COVID-19 symptoms can be conducted over the telephone. If the patient has symptoms, administration of the injection can be delayed to enable a period of self-isolation. In the case of men in need of hormone injections that have other conditions which put them in the highest risk group (shielded patients), we recommend the surgery offer to deliver the injection via a home visit or in a 'clean site' where no patients are seen with symptoms suggestive of COVID (as per NHSE guidance).