Counselling patients on the PSA blood test: Pros and Cons

PROSTATE CANCER UK

The prostate-specific antigen (PSA) blood test is the first step in checking for prostate cancer, but it cannot diagnose prostate cancer on its own. Support patients to understand their individual risk, and the pros and cons so they can make an informed choice.

Who is at risk of prostate cancer?

- Prostate cancer mainly affects men aged 50 and over
- Black men have double the risk (1 in 4) compared to non-Black men
- Men with a history of prostate cancer (father or brother) are 2.5 times more likely to be diagnosed
- Men with BRCA a gene variation. NB: the UK National Screening Committee recommends targeted screening for men with BRCA2 variant and family history of breast, ovarian, pancreatic or prostate cancer
- Trans women and non-binary people can also get prostate cancer, but their risk may be different — read our information for trans and non-binary people.

To discuss with patients:



How can there be cons to having a PSA test?

A raised PSA doesn't always mean prostate cancer. 3 in 4 men who have a raised PSA don't have prostate cancer. If the PSA is raised, further tests such as an MRI scan and biopsy may be needed to confirm or rule out cancer.

Unlike other cancers, the test can lead to a diagnosis of slow-growing prostate cancer that won't cause problems or shorten the patient's life. In these cases, treatment can cause more problems than the cancer itself.

The side effects of treatment include incontinence and problems getting an erection. Knowing you have prostate cancer — even if it's slow growing — can also cause anxiety.



What are the pros of having a PSA test?

Prostate cancer often causes no symptoms in its early stages — but the PSA test is the first step in finding aggressive prostate cancer early.

When prostate cancer is found early, there are more treatment options available.

The pathway is safer and more accurate than before. MRI is used before biopsy to identify who is most likely to need one. Biopsy techniques are also safer than before (For GPs: If a biopsy is needed, MRI-guided transperineal biopsy is used instead of transrectal biopsy, reducing the reported risk of sepsis from 1% to around 0.02–0.07%*)

*Norori N, Burns-Cox N, Blaney L, Mayor N, Rylance A, Shah TT, Naranjo A, Hobbs MD. Using real world data to bridge the evidence gap left by prostate cancer screening trials. ESMO Real World Data and Digital Oncology. 2024 Dec 1;6:100073.

Symptoms your patient should look out for:

Unlike other cancers, prostate cancer often has no symptoms in the early stages.

If your patient notices changes in their wee or it becomes painful, this could highlight a prostate problem.

Problems getting an erection (erectile dysfunction) and lower back or hip pain can be signs of advanced prostate cancer.

Explain what may happen next:

If the PSA is raised, the patient may be referred for further assessment, including an MRI scan. The MRI result helps determine whether a biopsy is needed.

For symptomatic patients, use current NICE age-specific PSA thresholds alongside symptoms, previous PSA results, individual risk and clinical judgement.

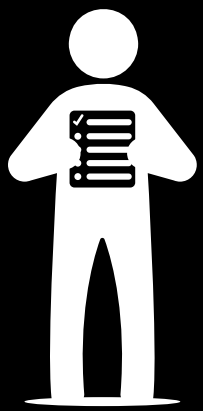
Provide safety-netting advice:

Explain what will happen when the result is available and when the patient should seek further advice.

If symptoms continue or clinical concern remains, consider further assessment even if the PSA result is within the normal range.



Your patient can make an informed choice about whether a PSA test is right for them.



How patient research shaped this guide

In 2026 Prostate Cancer UK commissioned specialist researchers to test messages about the pros and cons of the PSA test.

Feedback from over 2,400 men, including 400 Black men, were included in the study.

Here's a top line summary of the findings, that have been used to create this guide:

1. Disrupt hard wired beliefs:

> ***Cancer has always been seen as a death sentence."***

We saw in the research that men believe testing is always a good thing, cancer is bad, and having treatment for cancer is always good. Therefore, when statements are surprising or counter-intuitive – it's good to name it, for example:

> ***You might think it's always good to have routine tests for cancer, but there are pros and cons to PSA testing."***

2. Stats only help in small doses:

> ***Double statistics. One is ok, but I tried instantly to work out the mixed odds in my head."***

Stats were not always perceived as credible and drove men to seek further information. Words offer more pause for thought than numbers.

> ***A raised PSA doesn't always mean you have cancer. 3 in 4 men who have a raised PSA don't have prostate cancer."***

3. Presenting the 'cons' before the 'pros':

A test having 'cons' is counter-intuitive – if it comes after the 'pros' people stop reading the message because it causes cognitive dissonance, putting it up front can be helpful.

4. Less is more:

> ***It is confusing – too many issues lumped together."***

Short statements support memorability; long statements drive confusion

5. Be specific about harms:

Men were unclear of what 'harms' could come of testing – but did understand and recall "incontinence and problems getting an erection".

6. Hedging language erodes trust:

> ***It's a long statement with ifs and buts making it confusing."***

Be mindful of long statements with 'ifs' and 'buts' causing confusion when discussing PSA blood tests with your patients.

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