York and Scarborough Teaching Hospitals
NHS Foundation Trust

PSA Clinic – testing for prostate cancer

Information for patients, relatives and carers

ⓘ For more information, please contact:
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Introduction

This leaflet is designed to give you information about the PSA Clinic, which is a service at York and Scarborough Hospitals that provides testing for prostate cancer.

You might have been given this leaflet because you have been referred to the PSA Clinic, it should help you understand the process and what to expect.

Patients are often referred to the PSA Clinic if they have had a PSA blood test result higher than normal range, or if their General Practitioner is concerned about the risk of prostate cancer for other reasons.

We aim to provide the relevant tests and advice to help determine if you need to worry about the possibility of prostate cancer. During this process you might need to attend the hospital on two or more occasions, coming for different tests including scans, and we offer all patients an appointment in clinic, which might be before or after these tests.

What is the PSA test?

It is a blood test. PSA (Prostate Specific Antigen) is a substance made only by the prostate gland, which naturally leaks out into the bloodstream. The PSA test measures the level of PSA in your blood.

The PSA level is often higher in the presence of prostate cancer, so the test can help detect cancer before you notice any symptoms, or before your doctor can detect any changes in your prostate.

Other non-cancerous changes in the prostate might cause the PSA to be elevated, and not all prostate cancers cause an elevation, so the test is not precise, but it remains the best means of checking prostate cancer risk at present.

The risk of having prostate cancer tends to increase with higher PSA levels:

- With PSA 3-10 ng/ml, about 1 in 4 people (25%) have cancer on biopsy.
- With PSA greater than 10 ng/ml, about 1 in 2 people (50%) have cancer on biopsy.

Overall, a ‘normal’ PSA value for men aged less than 70 years is considered to be 0-3 ng/ml, though this does vary with age and higher values are considered normal for older men.

What do we know about prostate cancer?

Prostate cancer is the commonest cancer in men and around 10 000 men die from it every year in the UK. We do not know what causes it, but it is generally a disease of older men, and it is rare under the age of 50.

Unlike a lot of other cancers, most prostate cancers grow very slowly and may never cause any problems at all during a man's natural lifetime. That is particularly true of men in their 70s and 80s. On the other hand, some types of prostate cancer can grow quickly, causing pain in the bones and eventual death.

We want to identify dangerous forms of prostate cancer in the early stages where possible, so that this can be prevented.

How do we test for prostate cancer?

It is often necessary to have scans as part of the assessment for prostate cancer. These scans might be organised for you without you receiving further notification, so do not be surprised if you receive appointments for one or another of these scans.

If there is uncertainty about whether or not prostate cancer is present, then a prostate biopsy might be required to investigate further.

The most common scans are:

MRI scan

This scan can give useful information about the appearance of the prostate itself, in addition to showing some of the surrounding tissues. The MRI scan can help to decide whether or not further tests for prostate cancer are required, including prostate biopsy. MRI scans carry no dose of radiation, but you will need to be checked for metal implants before having the scan and the body is passed into a little tunnel for the scan.

Bone scan

This scan is used to look for activity in the bones of the body, which can be a useful way to check if there is evidence of spread to the bones. Not all patients having the scan will have prostate cancer, but if information about the possibility of bone involvement might prove helpful, this scan might be arranged as a precaution. A tiny dose of radioactive tracer is injected before pictures of the body are taken front and back.

CT scan

A CT scan will show larger areas of the body and can be useful if needing information outside of the pelvis, or if an MRI scan is not appropriate. CT scans carry a small dose of radiation from x-rays and is performed with a scanner shaped like a doughnut.

You will receive the results of the scan at your clinic appointment, or if we have early information about the scan we might write to you with the result.

What is a prostate biopsy?

A prostate biopsy is a procedure in which small needle samples from the prostate are taken for analysis. This is the most certain way of determining if prostate cancer is present and may be required before a definite diagnosis can be made.

Biopsies are usually performed using a technique called transperineal prostate biopsy, using transrectal ultrasound guidance. This means that we use a small probe in the back passage to provide a picture of the prostate, and then direct a needle passed through the skin underneath the scrotum to both numb and sample the prostate.
It is a process that typically takes 10-15 mins, and although it is a little undignified and uncomfortable having a probe in your bottom, it is generally very straightforward.

We warn people about the risk of bleeding (blood is commonly seen in the urine and semen for up to a couple of weeks after) and of infection (which is uncommon but can be more serious).

We will generally only recommend that you have a biopsy if it is considered necessary.

What happens if I am found to have prostate cancer?

If prostate cancer is detected, we will advise you as to whether treatment seems necessary.

Not all men with prostate cancer require treatment, as it is often slow-growing and might not cause trouble in your natural lifetime.

If treatment does prove necessary, we have very effective treatment options available; it is for this reason that we have recommended the tests in the first place.

Treatment options are tailored to your needs, depending upon whether we are trying to focus treatment at your prostate (this is often with curative intent, using either surgery or radiotherapy), or whether we are aiming to slow or control the disease instead (which can usually be achieved for years on end).

We will discuss these options with you, taking into account your preferences and needs.

What happens if I am not found to have prostate cancer?

If no cancer is detected, this is obviously good news!

However, it is important to point out that these tests are used to evaluate risk of prostate cancer and can never completely rule this possibility out.

As a result, we will usually offer advice on whether further testing in future is necessary, indicating how often you should have these checks and what would prompt further investigation.

Most commonly, we recommend PSA testing for a period of time, with a new level to be considered normal.

What happens next?

Most men referred to the PSA Clinic will be invited to have a scan as the first test, which will occur before being seen by the clinical team.

The results of this test will determine what happens next:

- If there is a low likelihood of cancer we may be able to offer reassurance and a more routine appointment at a later stage. You will be notified by letter or phone if this is the case.

- If we think you need a prostate biopsy we will invite you for this test directly (see above). You will have a consultation on the day, be given more information about the procedure and be able to discuss whether or not you go ahead. We will send further information to you about the process if this is planned.

- Some men will be invited to a clinic appointment instead, where the options can be reviewed and discussed.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact
The Urology Department on (01904) 724 882.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website: www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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