

PSA Test for Prostate Cancer.... Your decision

Information for patients, relatives and carers

General Surgery and Urology

① For more information, please contact:

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Introduction

This leaflet is designed to help you decide whether to have the PSA blood test to check for prostate cancer. If you have been given this leaflet because you have had the PSA blood test, please do read it as it contains information which may be useful to you. You might have no symptoms but just want to check that you do not have prostate cancer, or you might be thinking about the test because you have developed prostate symptoms. There is no right or wrong decision – even the experts do not have all the answers.

With the help of this leaflet and your doctor you should try to make the best decision for **you**.

What do we know about Prostate Cancer?

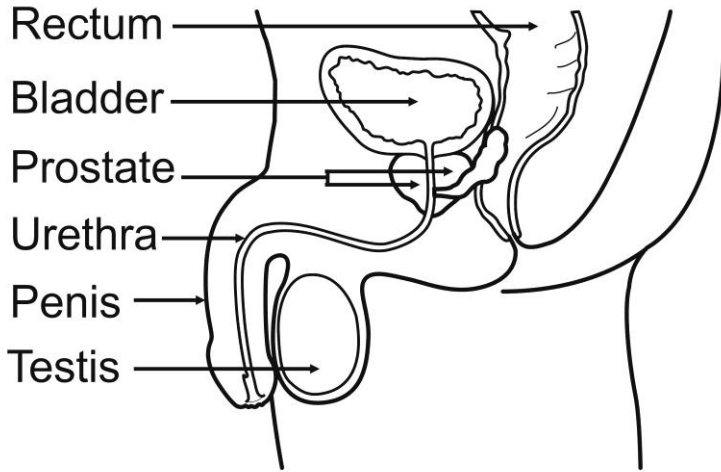
Prostate cancer is the commonest cancer in men and around 10 000 men die from it every year in the UK. We do not know what causes it, but it is generally a disease of older men, and it is rare under the age of 50. Unlike a lot of other cancers, most prostate cancers grow very slowly and may never cause any problems at all during a man's natural lifetime. That is particularly true of men in their 70's and 80's. On the other hand, some types of prostate cancer can grow quickly, causing pain in the bones and eventual death.

Possible advantages of having the PSA blood test

- It could reassure you if it is normal.
- It can find prostate cancer before any symptoms develop.
- Prostate cancer treatment in the early stages could help you live longer and avoid the complications of cancer, although there is no firm evidence that this is so.

Possible disadvantages of having the PSA blood test

- It could miss cancer in the prostate and falsely reassure you that all is well.
- It could lead to anxiety and a biopsy when you have no cancer.
- Treatment of early prostate cancers might not help you live longer.
- The main treatments for early prostate cancer do carry risks.



This picture shows the prostate and nearby organs.

What are the symptoms of prostate cancer?

Men with early prostate cancer are unlikely to have any symptoms at all. As a cancer grows it can cause the following symptoms:

- Difficulty in passing urine.
- Passing urine more often, especially at night.
- Rarely, blood in the urine.

Though most men with these symptoms **will not** have prostate cancer; they are more likely to be caused by other prostate problems.

So, 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.

Why have a PSA test?

The PSA test could find an early prostate cancer before you notice any symptoms, or before your doctor can detect any changes in your prostate. The benefit of finding a prostate cancer at this early stage is that it might be possible to remove the cancer by an operation or destroy it with radiotherapy.

How good a test is it?

The PSA test is not a specific test for prostate cancer. Although a raised PSA level can be a sign of prostate cancer, more often it points to something less serious like an infection in the prostate or natural enlargement of the prostate that comes with ageing. In fact, for every 1000 men with a raised PSA level, about 300 will turn out to have cancer cells in their prostate. It is also true that the PSA test may read “normal” when in fact there is a cancer there. Your doctor will also check your prostate using a gloved finger placed into your rectum (back passage).

The chances of you having an underlying prostate cancer are indicated in the table below.

Chance of having prostate cancer (%)	
PSA value 0 – 4	If prostate feels normal 15% If prostate feels abnormal 35%
PSA value 4 – 10	If prostate feels normal 30% If prostate feels abnormal 60%
PSA value 10 – 20	If prostate feels normal 50% If prostate feels abnormal 75%
PSA value 20 – 50	If prostate feels normal 75% If prostate feels abnormal 90%

Please note that overall, the ‘normal’ PSA value is considered to be between 0 and 4, although this does vary with age.

So, should I have the PSA test?

Even the medical experts are uncertain about some of the important questions about the PSA test and the best treatment for prostate cancer. People deal with this uncertainty in different ways. Some men choose to be aggressive in looking for and treating early prostate cancers. Others may not even want to know if they have an early prostate cancer because they think that, on balance, having that information would do them more harm than good.

First, bear in mind that your risk of prostate cancer increases slightly....

- If you have close relatives who have had prostate cancer, for example your father, uncle or brother.
- If you are of Afro-Caribbean or African-American descent.

What happens if my PSA test result is high?

As a rough guide, there are three main outcomes after a PSA test:

1. PSA within limits for my age

Unlikely to have a significant cancer. Probably no further action, unless your prostate feels abnormal on examination.

2. PSA slightly raised (in range 4 – 10)

Probably not cancer but might need to repeat PSA test and / or an MRI scan.

3. PSA significantly raised (over 10)

Likely to need an MRI scan with a view to then having a prostate biopsy. Depending on these results, further scans may then be required (e.g. CT scan or bone scan).

Will I need other tests?

If your PSA is raised, you may require further tests. The initial test performed is usually an MRI scan. Some people are not able to have an MRI scan because they have metal implants in their body (such as certain heart pacemakers). If you have been referred to our hospital by your GP or another medical practitioner, an MRI scan is arranged for you before you are seen in our clinic. The result of the scan is discussed with you at this initial clinic appointment (normally at Malton Community Hospital) and a decision made at that time as to whether a prostate biopsy and/or other scans (e.g. CT scan or bone scan) is necessary.

What is a biopsy?

If your PSA is raised and/or your MRI scan abnormal, it may then be suggested that you need to have a biopsy of your prostate. Doctors take a sample of the prostate tissue so that they can look for prostate cancer cells under a microscope. It is done using an ultrasound scan probe, which is passed into the rectum (back passage). A needle is then passed into the prostate through the area of skin between your scrotum and back passage (rectum). This area is called the 'perineum;' hence the biopsy is termed a 'transperineal prostate biopsy.' It can be uncomfortable and can be done under either local or general anaesthetic.

There are risks to having this type of prostate biopsy, although they are much lower than the risks of the previous type of prostate biopsy performed (where the needle was passed through your back passage and into the prostate).

The risks of having a transperineal prostate biopsy are:

Effect	How likely is this?
Blood in urine (can last up to two weeks)	Almost all
Blood in semen (can last up to two to three months)	Almost all
Bruising and discomfort in perineum area	10 – 50%
Temporary erection problems	5%
Not able to pass urine	5%
Failure to detect a significant prostate cancer	2 – 10%
Urine infection	1%
Infection in blood stream (sepsis)	0.1% (one in 1000)

It is important to appreciate that even if the biopsy does not find cancer cells, this does not completely rule out you having prostate cancer. You may still need to have further PSA tests to follow things up, and possibly need repeat MRI scan or biopsies in the future.

What if I do have early prostate cancer?

Treating some cancers while they are still small and contained within the prostate may stop them spreading and causing problems in the future. But doctors do not agree on the best way to treat early prostate cancer, and there is no proof that treating all early cancers helps men live any longer. There are four main options if you have got early prostate cancer, and they all carry some risks:

1. Radical Prostatectomy (an operation to remove the whole prostate gland)

Risks: For every 1000 men who have this procedure, less than one may die, up to 40 are left with problems leaking urine (incontinence) and between 200 and 800 develop long-term erection problems.

2. External beam radiotherapy (high energy rays to kill cancer cells)

Risks: Between 80 and 100 men in every 1000 will have long term rectal/bowel problems, such as increased frequency and looseness. Urine incontinence (10 in 1000) and erection problems (300 in 1000) are slightly less common than with having complete prostate removal.

3. Brachytherapy (a version of radiotherapy using radioactive seeds inserted into the prostate)

Risks: Between 5 and 20 men in every 1000 experience severe urinary problems, which can be difficult to treat. Impotence occurs in half of men in the long term after this treatment.

4. Active surveillance - Regular checks-ups and treat only if cancer is growing.

Risks: Worry of missing a growing cancer.

What if I have any questions?

Please use this space to write down any questions you have about what you have read. Be sure to ask these questions at your clinic appointment.

[illegible]

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:

Mr J R Wilson, Consultant Urological Surgeon,
Department of Urology, York Hospital, Wigginton Road,
York, YO31 8HE or telephone 01904 724882.

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/

Owner	Mr J R Wilson, Consultant Urologist
Date first issued	July 2003
Review Date	April 2027
Version	5 (issued April 2025)
Approved by	Urology Clinical Governance
Document Reference	PIL175 v5
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