

# PSA and beyond

A guide for men concerned  
about prostate cancer

This booklet is for men who are considering having a PSA test or want to know more about PSA (Prostate Specific Antigen). It explains how the test can be used to help diagnose prostate cancer, what the prostate gland is, and what can go wrong. It also includes information about what may happen after the test. You may want to know about the PSA test because you are concerned about prostate cancer. You may have read or heard about the PSA test, you may have symptoms or your GP may have recommended having the test.

We hope that this information will help you to think about the advantages and disadvantages of having the test. Each GP practice or hospital may do things slightly differently so use this booklet as a general guide to what to expect and ask your GP for more information.

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The following symbols appear throughout the booklet to guide you to sources of further information:

-  The Prostate Cancer Charity Helpline
-  The Prostate Cancer Charity publications

If you would like to know more about anything you read in this booklet, you can call our specialist Helpline nurses on

 0800 074 8383.


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## Introduction

Prostate cancer is the most common cancer in men. The risk of developing prostate cancer increases with age. About ten per cent of men with prostate cancer are diagnosed in their 50s. Most men are diagnosed in their 70s. By the age of 80 most men will have some prostate cancer cells. Only a small number (about four per cent) of all men will die from prostate cancer.

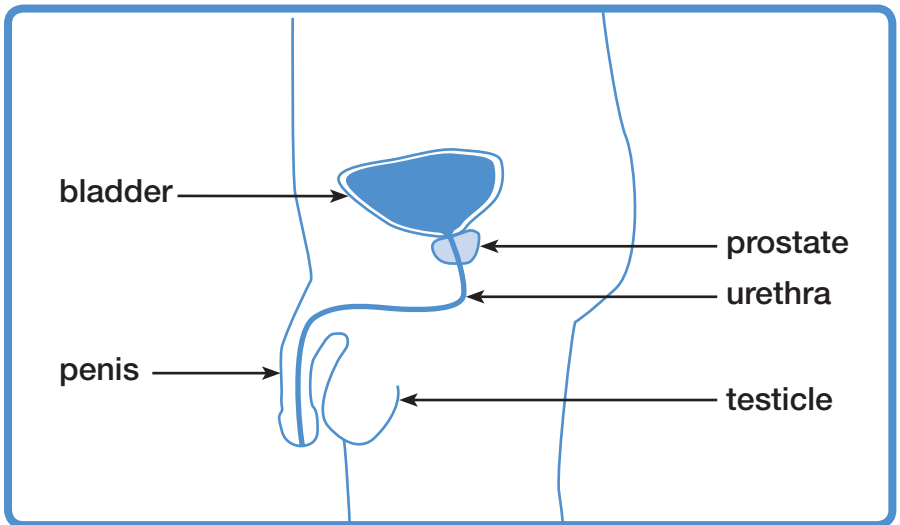
The PSA test can be used together with other tests to help diagnose prostate cancer. However there are many uncertainties about how useful the test is in diagnosing and treating prostate cancer. For example the test may pick up cancers that are slow growing and in some cases the side effects of treatment may be more harmful than the prostate cancer itself. The test cannot tell you whether a prostate cancer is likely to be fast or slow growing.

Your personal preferences will be an important factor in helping you to think about whether having a PSA test is right for you. Talk to your doctor and use the information in this booklet to help you decide. You can also talk to one of our specialist nurses  by calling our free and confidential Helpline on 0800 074 8383.

# The prostate gland

This section describes the different problems that affect the prostate gland. It gives information about the risk factors for prostate cancer and describes the factors that can affect your PSA level.

## What is the prostate gland?



The prostate gland's main job is to make up some of the fluid of semen. Semen is a mixture of sperm and other fluids, which passes into the urethra during orgasm. The gland needs the male sex hormone testosterone, made by the testicles, to function.

## What can go wrong with the prostate gland?

The main types of prostate problems are Benign Prostatic Hyperplasia (BPH), which is the most common prostate problem, inflammation of the prostate gland (prostatitis) and prostate cancer. Each of these prostate problems can cause similar symptoms. These may include:

- Needing to urinate more often, especially at night
- Needing to rush to the toilet – you may occasionally leak urine before you get there
- Difficulty starting to pass urine
- Straining or taking a long time to finish urinating
- A weak flow of urine
- A feeling that your bladder has not emptied properly
- Dribbling
- Pain when passing urine
- Pain when ejaculating

### **Prostate cancer can also cause:**

- New pain in the lower back, hips or pelvis
- Problems getting or keeping an erection – though most men with erection difficulties will not have prostate cancer
- Blood in the urine or semen – but this is rare

**However, most men with prostate cancer have no symptoms at all.**

If you have any of these symptoms, you should visit your GP to find out what is causing the problem. You can also talk to a specialist nurse by calling our free and confidential Helpline on 0800 074 8383.



## What is BPH?

BPH is a common condition that mainly affects men over the age of 50. It is a non-cancerous enlargement of the prostate gland. As men get older the prostate gland slowly gets bigger and may press on the tube you pass urine through (the urethra), causing problems passing urine. The treatment you are given will depend on how bad your symptoms are, but options may include drug treatments or surgery. You can find out more by reading our



booklet on **BPH**.

## What is prostatitis?

Prostatitis can be caused by an infection or inflammation of the prostate gland. It can affect men of any age, but is more common in men aged between 30 and 50. Symptoms may include pain in the buttocks, inner thigh and the area between the back passage and testicles (perineum). In more severe cases it may cause fever and burning when you pass urine. There are different types of prostatitis which are treated in different ways. For more information, you can contact us for a copy of our



booklet on **Prostatitis**.

## What is prostate cancer?

Normally the growth of all cells is carefully controlled in the body. As cells die, they are replaced in an orderly fashion. When cancer develops, the cells start to multiply in an uncontrolled way. If this happens in the prostate gland, prostate cancer can develop. In most cases this is a slow growing cancer and it may stay undiagnosed throughout a man's lifetime because it may never cause any symptoms or problems. However, some men will have cancer that needs treatment to prevent or delay it spreading outside the prostate gland.

## What are the risk factors for prostate cancer?

There are several factors that may increase your chance of being diagnosed with prostate cancer. These include:

### Age

The risk of getting prostate cancer increases as you get older. Most men diagnosed with prostate cancer are over the age of 50. Younger men can be affected, but this is rare.

### Family history

You are two and a half times more likely to get prostate cancer if your father or brother has been diagnosed. The risk increases further if your relative was under the age of 60 when they were diagnosed, or if more than one close relative has been diagnosed with prostate cancer.

Your genes act as an instruction manual for your body and control how your body works. Researchers have been looking into the role of genes in the development of prostate cancer.

They are working to find changes (mutations) to genes that may be passed on in your family (inherited) and could increase your risk of developing prostate cancer. Researchers have found genes that may be linked to a small number of prostate cancers. Only five to ten per cent of prostate cancers are thought to be strongly linked to genes. There is currently no genetic test for prostate cancer.

## Ethnicity

African Caribbean men are three times more likely to develop prostate cancer than white men. Asian men have a lower risk of prostate cancer. Researchers are looking at what may be the cause of this, but diet and genes may play a part.

## Diet

No one knows how to prevent prostate cancer but diet and a healthy lifestyle may be important in protecting against the disease. You may be able to help reduce your risk of prostate cancer by:

- maintaining a healthy weight
- exercising regularly
- reducing the amount of red meat and processed meat products in your diet
- eating a wide range of fruit and vegetables
- eating fewer dairy products

You can read more about this in our Tool Kit fact sheet on

 **Diet and prostate cancer.**

## What is PSA?

PSA (Prostate Specific Antigen) is a protein produced by some of the cells in the prostate gland. Your GP can measure the amount of PSA in your blood by using a simple blood test. The amount of PSA in your blood is measured in nanograms (a billionth of a gram) per millilitre of blood (ng/ml). It is normal for all men to have a small amount of PSA in their blood.

### What affects the PSA level?

#### Age

PSA rises with age on a continuous scale, so a man aged 70 will have a higher PSA level than a man aged 50. A 'normal' PSA test result may be below 3.0 ng/ml for a man aged 50 to 59, below 4.0 ng/ml for a man aged 60-69, and below 5.0 ng/ml for a man aged 70 or over.

#### Infection

A urine infection can cause your PSA to rise. You may have a simple urine test to rule out infection before having a PSA test. If you have an infection you will be given a course of antibiotics. Any infection should be treated before you have a PSA test so that it does not affect the result.

#### BPH (Benign Prostatic Hyperplasia)

If the prostate gland is larger than normal it may produce more PSA. Ask for our booklet on **BPH** for more information.

#### Prostatitis

An inflammation of the prostate gland allows more PSA to move from the prostate into the blood and causes the PSA level to rise.

Ask for our booklet on **Prostatitis** for more information.

## Prostate cancer

Prostate cancer may cause the PSA level in the blood to rise. However, about one in six men (15 per cent) with a 'normal' PSA level may have prostate cancer.

## Vigorous exercise

It is not clear whether exercise such as cycling affects the PSA level. You may be advised to avoid vigorous exercise in the 48 hours before a PSA test.

## Ejaculation

Ejaculation in the 48 hours before a PSA test may affect the result.

## Digital Rectal Examination

A Digital Rectal Examination (DRE) is a test that may be used to help diagnose a prostate problem. Having a DRE straight before a PSA test may affect the result. If possible, the PSA test should be done before a DRE.

## Biopsy

If you have had a prostate biopsy in the six weeks before a PSA test, this could affect the PSA result.

# Visiting your GP

**This section gives information about the tests that your GP can do and what the results may show.**

## What will happen if I go to my GP?

At your doctor's surgery your GP will talk to you about your general health and ask whether you have any symptoms. If you or your GP are concerned that you may have a prostate problem your GP will describe the tests that are available. There are two different tests that your GP can carry out: the PSA test and a Digital Rectal Examination (DRE). Before you decide whether or not to have these tests, your GP will explain the advantages and disadvantages of the tests. You can read about these in the section 'Should I have a PSA test?' on page 22 of this booklet. If you would like to talk to a specialist nurse, you can call our free and confidential Helpline on 0800 074 8383.



### The PSA test

The standard PSA test is a blood test that measures the total amount of PSA in your bloodstream. A raised PSA level may show that there is a problem with the prostate. It cannot diagnose prostate cancer but the results of the PSA test together with other factors such as your DRE result, your family history and your ethnicity can help assess your risk.

The PSA test can be carried out by your GP or at the hospital. Your GP should give you information about the advantages and disadvantages of the test and discuss any questions you have before you decide whether to have the test.

If you decide to have the PSA test, you might need to give your GP a urine sample first to check that you do not have a urine infection.

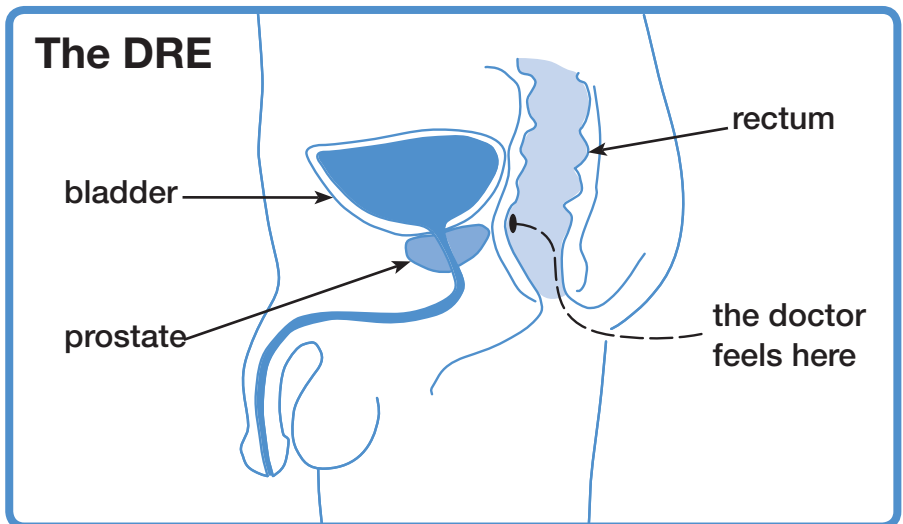
## Digital Rectal Examination

A common way of diagnosing a prostate problem is for the doctor to feel the prostate gland through the wall of the back passage (rectum). This is called a Digital Rectal Examination (DRE). You may have a DRE if you have any of the symptoms listed on page 6 of this booklet.

Your doctor will ask you to lie on your left side, on an examination table with your knees brought up towards your chest. If you find it easier, you can stand and lean over the back of a chair or across the examination table instead.

The doctor will put on a thin vinyl or rubber glove, lubricate their gloved forefinger with gel and slide it gently into your back passage. They will feel your prostate for any hard or irregular areas and to estimate the size of the prostate.

This may be uncomfortable, but it should not be painful. Some men understandably find it embarrassing but the test will be over quickly.





If you would like to know more about these tests, call our free and confidential Helpline on 0800 074 8383.

## What will the test results show?

When you see your doctor, you may wish to ask the number value of your PSA and write it down for your own records at the back of this booklet. This may be useful if you see a specialist or ask for a second opinion.

If you have had a DRE and the results show that the prostate gland is larger than expected, this could be a sign of BPH. A prostate gland with hard bumpy areas may suggest prostate cancer. If the DRE result gives cause for concern, you will be referred to a hospital specialist.

### **If your PSA level is low**

If your PSA level is low for your age, and your DRE result is normal, your risk of having prostate cancer is low and you will not need to have further tests.

As prostate cancer could still develop in the future, some men who have a low PSA result choose to have regular PSA tests. You may like to discuss this with your GP.

### **If your PSA level is high**

If your PSA level is higher than normal for your age your GP will look at your:

- DRE result (the size of your prostate and any irregular areas),
- risk factors such as your family history and ethnicity, and
- symptoms.

This will help your GP decide whether to give you another PSA test in the near future or to make an appointment for you to see a specialist at a hospital. You can ask your GP to refer you to a specialist.

A PSA test alone cannot tell you whether you have prostate cancer. A high PSA level for your age can be a sign of prostate cancer, but it is more commonly caused by other factors such as a non-cancerous enlargement of the prostate (BPH) or inflammation of the prostate (prostatitis).

# Seeing a specialist

**This section describes what may happen if your doctor refers you to a specialist. This information may help you with any decisions you may need to make.**

## What will happen if my GP refers me to a hospital specialist?

The hospital specialist, usually a urologist, will check your test results and may repeat some of the tests you were given by your GP. After examining you, they may be able to reassure you and your GP that there is nothing to worry about, or offer you another PSA test in the near future to check that your PSA is not rising. However, if they are still concerned that you may have prostate cancer, they may recommend you have a further test called a TRUS biopsy.

### TRUS (Trans-Rectal Ultra Sound) guided biopsy

Before you decide whether to have a TRUS biopsy talk to your specialist about the advantages and disadvantages. Having a high PSA level does not necessarily mean you must have a biopsy. If your specialist recommends that you have a biopsy, you may be given an appointment to come back to the hospital to have the biopsy taken. You can ask for more time to think about whether you want to have a biopsy or not.

Some men who have cancer that may have already spread outside the prostate gland may not need a biopsy, but may be offered another test such as a bone scan.

The biopsy involves taking ten to 12 small samples of tissue from the prostate gland to be looked at under a microscope.

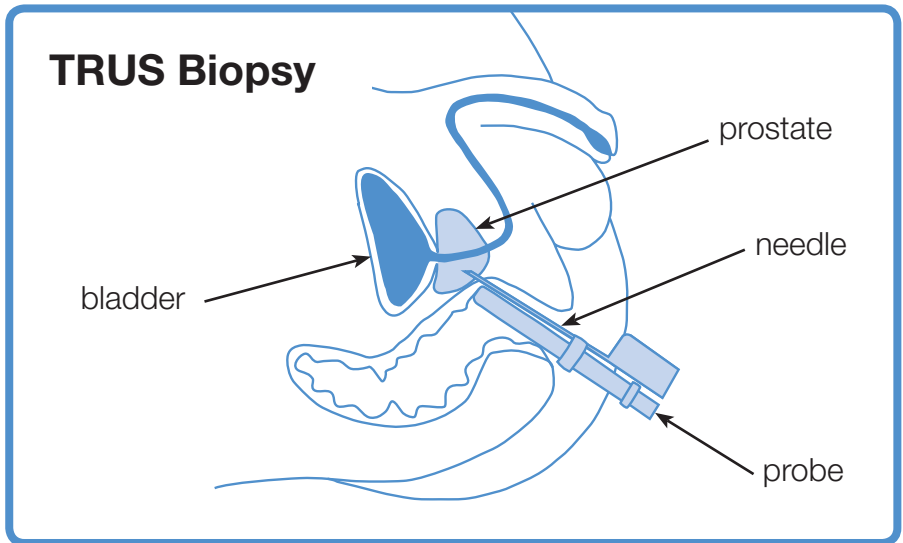
A Trans Rectal Ultrasound Scan (TRUS) is used at the same time and helps the specialist to guide the biopsy needles and measure the size of the prostate gland.

Before the biopsy you should tell your doctor if you are taking any medicines, particularly drugs to prevent blood clots (anti-coagulants), including warfarin, aspirin or clopidogrel.

The biopsy will usually be taken either by the urologist, a radiologist, or a specialist nurse who is trained in the use of ultrasound. About half an hour before your biopsy you will be given antibiotic tablets or an antibiotic injection to help prevent infection. You will need to continue your course of antibiotics when you go home. After the biopsy you may also be given an antibiotic suppository in your back passage.

The ultrasound probe is lubricated with gel and passed into your back passage (rectum), as shown on page 18. The probe is the size of a fat finger. Some men find this a little uncomfortable. You should also be given a local anaesthetic injection into the prostate to help reduce any discomfort when the biopsy samples are taken. The needle is then placed down the shaft of the probe and is passed through the wall of the back passage into the prostate gland, under the guidance of the ultrasound image.

You may feel a short sharp sensation each time the needle goes in. Each man is different and while some describe the biopsy as painful, others have only slight discomfort. The biopsy will take ten to 15 minutes. You may be asked to wait for about half an hour after the biopsy or until you have passed urine before going home.



### What are the advantages of having a biopsy?

Biopsy is the most accurate way of finding out whether prostate cancer is present, and if so, how much cancer is present in the samples taken. This can help your specialist team to decide which treatment options may be suitable for you.

### What are the disadvantages of having a biopsy?

The biopsy can only show whether there was cancer found in the samples taken. If your biopsy result is normal it cannot rule out cancer completely. This is because the biopsy collects tissue from a small area of the gland, so it is possible that cancer can be missed.

The biopsy may find a slow growing cancer that may not have caused any symptoms or shortened your life. If you are diagnosed with slow growing prostate cancer you may face difficult decisions about treatments which may cause significant side effects.

## What are the possible side effects of biopsy?

### Short-term bleeding

Once you have gone home, you may see blood in your urine or bowel motions for up to two weeks. You may find blood in your semen for up to six weeks. If it takes longer than this to clear up, or gets worse after a period of recovery, you should see a doctor straight away.

### Infection

A small number of men (about one per cent) get an infection of the blood called septicaemia, which can cause symptoms similar to flu. It is very important to take all of the antibiotics that you have been given to help prevent this happening.

If you have a high temperature, pain or burning when you pass urine, or difficulty passing urine, you may have an infection, even if you have been taking antibiotics. If you have these symptoms you should go to your nearest Accident & Emergency Department (A&E) straight away.


### What do the biopsy results mean?

A doctor who specialises in examining cells using a microscope (pathologist) will examine the biopsy samples and will tell your specialist if any cancer is found. They will also tell your specialist how many samples are affected and how much cancer is present in each sample.

If no cancer is found this is obviously reassuring. However, strictly speaking the biopsy result means 'no cancer found' rather than 'no cancer present'. There could be a small cancer that the needles did not hit. Your doctor will want to keep an eye on your prostate with further PSA tests and DREs.

If your PSA stays higher than normal and the doctor cannot find any other cause, you may need to have another biopsy in the future.

If cancer cells are found, the pathologist will 'grade' them using the Gleason system. The Gleason grade gives the doctor an idea about how aggressive the cancer is likely to be and how likely or unlikely it is to spread outside the prostate gland.

 Our Tool Kit fact sheet called **How prostate cancer is diagnosed** gives more information about the Gleason system.

It can take up to two weeks for the results of the biopsy to come back. You may wish to take a family member, partner or friend with you for support when you get the results. You can also ask the person with you to make some notes at the appointment. If cancer is found, this is likely to be a big shock and you may not remember everything that the doctor tells you. You may find that it helps to talk to friends and family or a counsellor about how you are feeling. You can also speak to a Prostate Cancer Charity specialist nurse by calling our free and confidential Helpline on

 0800 074 8383.

## What will happen if I am diagnosed with prostate cancer?

If you are diagnosed with prostate cancer, you may need more tests such as a CT scan, an MRI or a bone scan to find out whether the cancer has spread outside the prostate gland. You may not need to have these tests if your PSA is low and your Gleason score shows that the cancer is not likely to have spread.

Once the results of all the tests that you have had are gathered together and have been discussed by your specialist team, your specialist will 'stage' the cancer. This describes how far the cancer may have spread and will help you and your specialist team decide what the best treatment options are.

**i** Our Tool Kit fact sheet called **How prostate cancer is diagnosed** contains more information about the tests described here and how prostate cancer is 'staged'.

## What are the treatment options?

There are several treatment options available. The stage of cancer and your preferences will affect which of these treatments you have. If you have a slow growing cancer that is not likely to cause you any problems in your lifetime, you may not need to have treatment straight away. Most treatments for prostate cancer have a risk of side effects such as problems controlling your bladder (urinary incontinence) or problems getting or keeping erections (erectile dysfunction).

**i** Our booklet called **Prostate cancer: a guide for newly diagnosed men** gives more information about treatment options.

# Making a decision

**This section lists the advantages and disadvantages of having a PSA test and suggests some questions that you may like to ask your specialist team.**

## Should I have a PSA test?

It can be difficult to decide whether or not to have a PSA test. We hope that the information in this booklet will help you to understand more about the PSA test and what the results can and cannot tell you. Some of the advantages and disadvantages of the test are listed here.

### Advantages

- It may pick up a significant prostate cancer before you get any symptoms.
- It may be used for monitoring men who have a high risk of developing prostate cancer, for example men with a strong family history.
- It may pick up a high risk cancer at an early stage when treatment may prevent the cancer from becoming more advanced.
- A normal test result may reassure you.
- Repeat tests can identify changes to your PSA level that may show that there is a problem with your prostate.
- It may pick up a non-cancerous prostate problem such as BPH or prostatitis, which can be treated and may relieve you of any symptoms.

## Disadvantages

- Around two thirds of men with a raised PSA do not have prostate cancer.
- It will not pick up all prostate cancers. Some men with prostate cancer have a normal PSA level.
- It cannot tell you whether a prostate cancer is likely to be fast or slow growing. A slow growing cancer may not cause any symptoms or shorten your life.
- A normal result does not mean that you will not get prostate cancer in the future.
- If your PSA is raised, you may need further tests and treatment that carry their own risks and side effects.
- Treatment for prostate cancer may cause side effects which can affect your quality of life.

You may want to use the information given earlier on in this booklet to think about your risk of prostate cancer. How would you feel about being diagnosed with prostate cancer? How do you feel about treatment and possible side effects? How do you feel about your general health? What are your personal preferences?

Taking into account the information given in this booklet, try asking yourself the following questions:

- If you are concerned about prostate cancer, would you rather know that you have cancer, or not know but continue to worry about it?
- If the result of your PSA test was normal, would this reassure you?

- If your PSA was high, what would you do?
- If you were diagnosed with early, slow growing prostate cancer, would you want to have treatment that may cause side effects?

Speak to your GP about any concerns before making a decision. You can also speak to a Prostate Cancer Charity specialist nurse by calling our free and confidential Helpline



on 0800 074 8383.

## Why is there no prostate cancer screening programme for all men?

The PSA test alone is not able to diagnose prostate cancer and is a relatively unreliable screening tool. Screening men for prostate cancer would involve measuring the PSA level of all men in the 'at risk' age group (over 50 years of age). A large number of men who have prostate cancer will go through life unaware of their condition because the cancer is slow growing and may not cause any troublesome symptoms or shorten their life.

Since current treatments may cause unpleasant side effects such as erectile dysfunction and incontinence, screening could lead to a large number of men having worse effects from the treatment than they would have had from the disease. However, there is concern that early diagnosis may be vital for those men with higher risk or more advanced disease but have no symptoms.

There is currently no screening programme for prostate cancer in the UK. The Department of Health has set up a 'Prostate Cancer Risk Management Programme' to help men decide whether to have a PSA test or not. If you are concerned about prostate cancer, you can ask for information about the advantages and disadvantages of the PSA test and prostate cancer treatment. If you then decide that you want a PSA test you can ask your GP for one. You are entitled to have a PSA test if you are a man aged over 50 or a younger man with an increased risk of prostate cancer. Your GP can give you more information about the programme or you can call our free and confidential Helpline on 0800 074 8383.



## Questions to ask your GP

**Do I have an increased risk of developing prostate cancer?**

**Would you recommend that I have a PSA test?**

**How long will I have to wait for the results?**

**If I have a PSA test and the result is normal, will I need to have regular tests in the future?**

**What is my PSA level?**

**Do I need a DRE?**

# Questions to ask your hospital specialist

Do I need a biopsy?

How long will my biopsy take?

What are the risks and side effects?

Will I have any pain-relief (anaesthetic)?

Will I have antibiotics?

How many biopsy samples will you take?

How soon will I get the results?

Will I need any other tests?

# The Prostate Cancer Charity

The Prostate Cancer Charity is the UK's leading charity working with people affected by prostate cancer. We fund research, provide support and information, and we campaign to improve the lives of men with prostate cancer. Our vision is of a world where lives are no longer limited by prostate cancer.


## Free and confidential Helpline

If you have any questions about prostate cancer or other prostate problems call our confidential Helpline to speak to a specialist nurse.



**Free and confidential Helpline**  
**0800 074 8383\***  
Mon - Fri 10am - 4pm, Wed 7pm - 9pm

You can also send a query to the Helpline by using our email contact form. Visit [www.prostate-cancer.org.uk](http://www.prostate-cancer.org.uk) and click on 'support' for details of how to contact the Helpline.

 We have further information for men who have been diagnosed with prostate cancer including **Prostate cancer: a guide for newly diagnosed men** and our **Tool Kit** information pack which explains how prostate cancer is diagnosed, how it is treated and how it may affect your lifestyle.

To order our publications call our **Helpline on 0800 074 8383** or email us at [literature@prostate-cancer.org.uk](mailto:literature@prostate-cancer.org.uk)

You can also download all of our publications from our website at [www.prostate-cancer.org.uk](http://www.prostate-cancer.org.uk)

\*Calls are free of charge from UK landlines. Mobile phone charges may vary. Calls may be monitored for training purposes. Confidentiality is maintained between callers and The Prostate Cancer Charity.

# PSA levels

You may like to use this page to record the results of your PSA tests. If you need more space, you can order PSA record cards by calling The Prostate Cancer Charity on 0800 074 8383.

Date	PSA level	Date	PSA level

## My notes

## More information

### Dipex

[www.dipex.org.uk](http://www.dipex.org.uk)

Watch, listen to, or read personal experiences of men with prostate cancer and other medical conditions.

### ‘Going for a’ website

[www.goingfora.com](http://www.goingfora.com)

Virtual hospital from the Royal College of Radiologists. Interactive information on cancer treatment and scans. Includes descriptions from both staff and patients.

### Prosdex

[www.prosdex.com](http://www.prosdex.com)

A web-based decision aid to help men decide whether or not to have a PSA test.

### Prostate Cancer Risk Management Programme

[www.cancerscreening.nhs.uk/prostate](http://www.cancerscreening.nhs.uk/prostate)

This NHS website explains why there is currently no screening programme and gives details of the PSA Informed Choice programme.

References to sources of information used in the production of this booklet are available at [www.prostate-cancer.org.uk](http://www.prostate-cancer.org.uk)

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**The Prostate Cancer Charity** funds research into the causes of, and treatments for, prostate cancer. We also provide support and information to anyone concerned about prostate cancer. We rely on charitable donations to continue this work. If you would like to make a donation, please call us on 020 8222 7666.

**The Prostate Cancer Charity** makes every effort to make sure that its services provide up-to-date, unbiased and accurate facts about prostate cancer. We hope that these will add to the medical advice you have had and will help you to make any decisions you may face. Please do continue to talk to your doctor if you are worried about any medical issues.

## **The Prostate Cancer Charity**

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Free and confidential Helpline

**0800 074 8383\***

Mon - Fri 10am - 4pm, Wed 7pm - 9pm

Website: [www.prostate-cancer.org.uk](http://www.prostate-cancer.org.uk)

\* Calls are free of charge from UK landlines. Mobile phone charges may vary. Calls may be monitored for training purposes. Confidentiality is maintained between callers and the Prostate Cancer Charity.

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To be reviewed July 2010

A charity registered in England and Wales (1005541)  
and in Scotland (SC039332)

THE  
**PROSTATE**  
CANCER CHARITY