



The PSA test Get the knowledge!

What is the prostate?

Only men (and those born biologically male) have a prostate. It starts out about the size of a pea when the man is born then gradually grows in size until the man is in his 20s, to about the size of a walnut only weighing about 30gms (1ounce). Around the age of 40 it slowly starts to grow or enlarge. A healthy prostate feels soft, rubbery/elastic-like, smooth and even all over.

Where is the prostate?

The prostate is inside the pelvis, just below the bladder, in front of the back passage and above the muscles of the pelvic floor. So, the prostate can't be seen or physically examined from outside the body.

It wraps around the tube called the urethra (water-pipe) that allows urine to flow out of the bladder and for semen to pass out through the penis.

What does it do?

The prostate is actually part of the male reproductive system. Its main role is to supply a thick clear fluid that mixes with sperm to form semen, called the ejaculate. This fluid helps to nourish and protect sperm during sexual intercourse.

What is PSA and what does it do?

The prostate produces a protein called Prostate Specific Antigen (PSA). PSA makes semen thinner (or more fluid) and so helps sperm swim more easily. Some PSA naturally 'leaks' out of the prostate into the bloodstream; so, it's normal for some PSA to be in your blood.

What is a PSA test?

Having a PSA test means that your GP takes a blood sample and sends this to the laboratory to measure how much PSA is in your blood. You will hear this called your PSA level.

Why is a PSA test done?

The main reason is to check for things going wrong with the prostate such as:

- Benign Hyperplasia – BPH. Your prostate gets bigger as you get older;
- Prostatitis – an infection or inflammation of the prostate;
- Prostate cancer

It can also be done if:

1. A man has difficulty with passing urine;
2. You ask your GP for the test if you are worried about prostate cancer even though you don't have any symptoms (see back page for details). Your GP may talk you through this so you have all the information to make the decision that is right for you;
3. There is a history of prostate cancer in the family. If your dad or grandad has/had prostate cancer, sons are 2 times more at risk of developing prostate cancer. If your brother has/had prostate cancer then you can be 2-3 times more at risk of developing prostate cancer. It is best to let the GP know about a family history as she/he may advise the man to have a PSA test at an earlier age, from around 45 years of age;
4. There is a strong family history of certain kinds of breast cancer where there are the faulty genes BRCA1 or BRCA2;
5. You are from an African/Caribbean background as you are 3 times more at risk and up to 5 years earlier of developing prostate cancer than men from other ethnic groups';
6. Your PSA level is within the normal range but your GP still has some concerns so you may be asked to have a PSA test every 6 months;

The PSA test is used for monitoring

When you are having treatment for BPH, prostatitis or prostate cancer, the GP or urologist will usually do a PSA blood test. This is to check your PSA level to make sure that your treatment is working or if it needs to be changed or that your treatment has worked.

What might the doctor ask me if I go to the surgery for a PSA test?

You may be asked:

- If you have any symptoms of prostate disease/cancer
- Your family history of prostate cancer
- Any medications that you are currently taking

- Why you want a PSA test

Shouldn't every man just have a PSA test?

With any medical test it is best to get a clear cut answer of what the results might mean for you. The PSA test can't give such a clear cut answer. The PSA test is best used as a guide to the possibility of there being a problem with the prostate and if further investigations may be needed.

Because of the drawbacks of the PSA test it currently isn't recommended to be used for screening of prostate cancer.

However, within the Prostate Cancer Risk Management pack, the guidance for GPs states that:

"Any man over 50 who asks for a PSA test after careful consideration of the implications should be given one."

Benefits and Drawbacks of having a PSA test.

Look at the lists below, think about why YOU want to have a PSA test and write this down so you can tell your doctor why you might want the test. You should let the GP know about any family history of prostate cancer and breast cancer with the faulty gene BRCA 1 and BRCA 2.

BENEFITS

It is a simple straight forward blood test that can be used as a guide to finding any disease in the prostate;

It may lead to detection of prostate cancer before symptoms are apparent enabling treatment to start earlier if there is cancer in the prostate;

It will give your PSA level which can be checked in the future to see if the level has gone up ie give a baseline;

It can be used to check on men who have an increased risk of prostate cancer such as a brother or father having or having had prostate cancer or men from an African Caribbean background;

If prostate cancer is diagnosed early then there are several curative treatments available.

DRAWBACKS

The test can give a raised level even though there is no cancer present, causing the family to worry and unnecessary hospital tests for the man. This is called a false positive result;

The test can give a normal level and miss cancer so giving false reassurance. This is called a false negative result;

The test can indicate that there may be cancer in the prostate but can't tell if the cancer is slow growing or fast growing;

The test may pick up a slow growing cancer which would not cause any symptoms or shorten your life but knowing you have cancer may be worrying;

Some of the treatments for prostate cancer can have potential side-effects that may have some impact on your quality of life.

What if my GP says 'No'

Your GP may feel that in certain circumstances and for a small number of men having a PSA test may not be the best thing but he/she should explain why that is. If you are still concerned or would like to discuss it further then you can always ask to speak with another GP or health care professional.

If I go ahead, when can I expect to get the results of my PSA test?

The results can take up to 2 weeks to come back. Ask the doctor when you can expect to hear about the results of your test as this can be a worrying time for you and the family. Ask if you have to phone for the results or if you will be contacted directly.

Discussing the PSA test with your GP

Within the Prostate Cancer Risk Management pack, the guidance for GPs states that:

"Any man over 50 who asks for a PSA test after careful consideration of the implications should be given one."

What does the PSA level tell GP/me?

To some extent this depends on your age and there are guidelines on the ranges that your GP may discuss with you.

As a man gets older more PSA leaks out into the bloodstream so the higher his PSA level is likely to be. The doctor will take this into account when looking at your results.

If the PSA level is not raised

The risk of cancer is low. However, another PSA test might be done at a later date. This is to make sure that the first test did not miss any cancer in the prostate.

If the PSA level is raised

The GP will chat this through with you and discuss the next steps. PSA can be raised for other reasons such as BPH, prostatitis and a urinary tract infection so it may not mean prostate cancer.

However, if your PSA is raised above a certain level, and your GP has any concerns, he/she may want to do a repeat PSA test at 8-12 weeks rather than having a 'one off' PSA test.

Your GP may also want to physically examine your prostate by doing a Digital Rectal Examination or DRE. More information about this is given below.

If my PSA is raised who might I be referred to

The GP may also refer you to a specialist in hospital called a Urologist to have more tests done such as a prostate biopsy

What is a Digital Rectal Examination (DRE)?

This is a straightforward procedure and usually one of the first examinations that your GP will do, if your PSA level is raised. A DRE gives the doctor an idea of the shape, size and condition of your prostate. The doctor will be checking for any hardened area, odd shape or unusual lump. Having this examination along with a PSA test helps the doctor to decide what may be best for you.

Because the prostate can't be seen or checked from outside the body, you will be asked to lie on the bed on your side. The doctor will slide a gloved finger into your back passage or rectum to feel your prostate. It may feel a bit uncomfortable but it shouldn't hurt and the examination doesn't last for long. It's much better for you, the GP, urologist or clinical nurse specialist (CNS) if you can manage to relax during the examination even if you perhaps feel a bit embarrassed by it.

What is a prostate biopsy?

If your PSA level is raised and depending on what the GP found when she/he examined your prostate (DRE) you may be referred to the urology department in the hospital. This may lead to having an MRI scan or having a prostate biopsy.

A biopsy means that several tiny samples are taken from target areas within the prostate using a special needle. These samples are looked at very carefully under a microscope for any signs of prostate cancer.

For some men having a biopsy and other tests then waiting for the results may cause worry and stress.

Are there any times when I shouldn't have the test done?

PSA levels can be affected by several things so may give a false high level of PSA in your blood. Let your doctor know if any of these apply to you and put off having the test to a later date:

- If you have an active or have had a recent urinary infection;
- If you have ejaculated in the last 48 hours;
- If you have exercised energetically in the last 48 hours;
- If you have had a prostate biopsy in the last 6 weeks;
- If you have had a DRE (Digital Rectal Examination) in the last week;
- If you have had a prostate massage;
- Tell your doctor about any medications or herbal remedies eg saw palmetto that you are taking.

Making the decision that is right for me

- The right decision for you can be different from that made by a friend, relative, workmate or colleague.
- Think through all the benefits and drawbacks of having or indeed not having the test. Sometimes writing these down can help you to make up your mind. This might also help when you speak to your GP;
- Make sure your decision feels right for you;
- Speak to your spouse/partner too as they may have some thoughts on this.

Questions you might like to think about to help you make your decision.

- Do I have any symptoms that I am concerned about?
- Am I the right age to have this done?
- Has my brother or father been diagnosed with prostate cancer?
- Has a close family relative been diagnosed with BRCA1/BRCA2 breast cancer at an early age?
- Would I prefer to know my PSA level?
- Will having a PSA test give me reassurance?

- Will having a PSA test cause me more worry than not having it?
- If my GP refuses to give me a PSA test what should I do then?
- If a single PSA test is 'normal' would I be happy with only having the test once?
- If my PSA level is high would I be happy to have further tests?
- Have I spoken to my partner, friends, relatives or colleagues about their experiences/views on having a PSA test?
- Have I checked out all the information on PSA tests to help me make the decision?

Check our website www.prostatescotland.org.uk and other websites for more information.

Signs and symptoms of prostate disease/prostate cancer

- Having to pee more often than before;
- Getting up to pee several times during the night;
- Having to get to the toilet fast with the risk of getting 'caught short';
- Having some pain or burning feeling when peeing;
- Taking longer to empty the bladder; stopping and starting when peeing;
- Waiting for a while before urine starts to flow then straining to keep going.

Healthy living guidelines

EXERCISE

Aim for at least 30 minutes of moderate exercise at least 5 times a week. This may help with your general health and feeling of wellbeing and may help if you need to lose some weight.

SMOKING

Smoking can affect your health in many ways and raises the risk of many health issues including cancers so the best advice is to give up. Giving up can be difficult and it may be worth discussing this with your local pharmacist, GP, or local stop smoking advisor or cessation clinic.

YOUR WEIGHT

Being overweight can bring with it many health problems so, if appropriate, you may want to think about losing weight.

The best way to start losing weight is to cut down the amount of calories you eat and at the same time take more exercise each day

Start by cutting down or cutting out sugar, sugary drinks, sweets, chocolate, cakes, puddings, fried foods, crisps and take-aways.

DIET

Having a well- balanced diet with at least 5 portions of fruit and vegetables each day while reducing the number of times you have red meats each week.

Some facts about prostate disease/prostate cancer

- There are 3 diseases that can affect the prostate
- 1 in 2 men over the age of 50 may be affected by prostate disease;
- Prostate cancer is the most common cancer for men in Scotland;
- 1 in 10 men in Scotland may develop prostate cancer;
- Early detection, diagnosis and treatment are key to improving the rates of cure;
- There is not a screening programme for prostate cancer.

If you notice any signs or symptoms, then you should make an appointment to see your GP.

Why not try our symptom checker? Visit prostatescotland.org.uk/symptom-checker.

It's aimed at providing a useful guide to the severity of your symptoms, but will not give a diagnosis.

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The information contained in this leaflet has been developed by Prostate Scotland and reviewed by its Advisory Group of doctors, nurses and patients. This leaflet is not intended to replace medical advice or seeing a doctor for specific illnesses or symptoms.

CONTACT US

Prostate Scotland, 14 Torphichen Place,

Haymarket, Edinburgh EH3 8DU

E: info@prostatescotland.org.uk

Web: www.prostatescotland.org.uk

Tel: 0131 603 8660

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