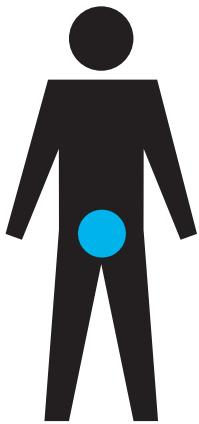


The PSA test

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

You may be asked:

- About any symptoms that you have.
- Your family history. See points 3-6 on the previous panel.
- Any medications that you are currently taking.
- Why you want a PSA test.

Remember that with early prostate cancer, you may not have any symptoms at all.

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. PSA can be high even when you don't have a problem with your prostate so 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: "The PSA test is available to men who request it, including trans women and non-binary people".

PSA self-test kits or testing in the community

As there isn't a screening programme for prostate cancer, you may be tempted to buy a PSA self-test kit. There are many self-test kits that you can buy online or over the counter. There may even be an organised event in your local community or a club that you go to offering PSA tests. **Prostate Scotland is unable to recommend/endorse the use of these self-test kits.**

- We cannot guarantee the quality of the kits.
- We have concerns over the reliability and accuracy of these kits.
- You may not be offered any counselling or guidance before using the kit.
- If the level came back as raised, this may cause you and your family unnecessary worry and anxiety. The PSA test would then need to be repeated by your GP.

What is the prostate?

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. Around the age of 40 it may start to grow or enlarge as a natural part of ageing. 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 some men semen to pass out through the penis.

What does it do?

The prostate is 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.

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 or practice nurse takes a small sample of blood from your arm 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 changing in the prostate such as:

- Benign prostatic enlargement – BPE – your prostate getting bigger as you get older.
- Prostatitis – an infection or inflammation of the prostate.
- Prostate cancer.

Signs and symptoms of prostate disease/prostate cancer

- Having to pee more often than before.
- Getting up to pee two or more 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.

With early prostate cancer, there may be no symptoms at all.

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 wellbeing.

Smoking

Smoking can affect your health in many ways so it's best to stop smoking. For support to help you stop, ask your local pharmacist, GP, stop smoking advisor or cessation clinic.

Your weight

If you've been advised to lose some weight, make a start by cutting down/cutting out sugar, sugary drinks, sweets, chocolate, cakes, biscuits, puddings, crisps, fried foods, chips. Avoid having takeaways/fast food or only have as an occasional treat.

Diet

Aim to have at least 5 portions of fruit and vegetables each day. Switch to having more fish and chicken and reduce the number of times you have red and processed meats each week.

Aim to have 6-8 cups/glasses of fluid daily. Cut down on drinks with caffeine and switch to having some decaffeinated varieties. Avoid energy drinks/shots with added caffeine.

It can also be done if:

1. You have 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. Remember that with early prostate cancer, you may not have any symptoms at all.
3. There is a history of prostate cancer in the family. If your dad or grandad has/had prostate cancer, you 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. Let your GP know about your increased risk and discuss having a PSA test from mid-40's onwards.
4. If a close female blood relative has been diagnosed with breast or ovarian cancer with the faulty genes BRCA1/BRCA2 especially at an early age, then close male blood relatives can be 4-9 times more at risk of developing prostate cancer. Let your GP know about your increased risk and discuss having a PSA test from mid-40's onwards.
5. Ashkenazi Jewish men are more likely to carry the faulty genes BRCA1/BRCA2 so are at greater risk of developing prostate cancer. Let your GP know about your increased risk and discuss having a PSA test from mid-40's onwards.
6. You are a black man or 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. Let your GP know about your increased risk and discuss having a PSA test from mid-40's onwards.
7. Your PSA level is within the normal range but if your GP still has some concerns, you may be asked to have the PSA test repeated.

The PSA test is used for monitoring

When you are having treatment for BPE, prostatitis or prostate cancer, the GP or urologist will usually do a PSA 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.

Some facts about prostate disease/prostate cancer

- There are 3 main diseases/conditions that can affect the prostate, an enlarging prostate (BPE), prostatitis and prostate cancer.
- Almost 1 in 2 men over the age of 50 may be affected by an enlarging prostate at some point in their life.
- 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 in the UK.

Remember that most men with early prostate cancer (cancer that is still contained in the prostate) do not have any symptoms at all.

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

Why not try our symptom checker?

Visit:

www.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.

The information contained in this leaflet has been developed by Prostate Scotland and reviewed by its advisory panel of health professionals and patients. This leaflet is not intended to replace medical advice or seeing a doctor for specific illnesses or symptoms.

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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 GP or practice nurse why you want to have a PSA test. You should let the GP know about any family history of prostate cancer and breast cancer or ovarian cancer with the faulty gene BRCA1 and BRCA2. Consider chatting to your wife, husband, partner, family or friends to help you make the decision.

BENEFITS

It is a simple and straightforward 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.

You will have your PSA level. This can be checked in future to see if the PSA level has gone up, i.e. to give you a baseline or benchmark your PSA level.

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

If prostate cancer is diagnosed early then there are several treatments available to potentially cure prostate cancer.

Most men with early prostate cancer (cancer that is still contained in the prostate) do not have any symptoms at all.

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 you. 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, shorten your life or affect the quality of your life but knowing that you have prostate cancer may cause worry.

Treatments for prostate cancer can cause side-effects with some impacting on the quality of your life.

If PSA is raised you might be referred to the urology clinic for an MRI scan or prostate biopsy. Prostate biopsy can have side-effects such as pain, bleeding and a risk of developing an infection.

What if my GP says 'No' to giving me a PSA test

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 your GP refuses to give you a PSA test, and you are still concerned, you are entitled to ask them why. If you are still not satisfied with their answer you can always ask to speak to another GP or healthcare professional.

Guidance on PSA tests for GPs states "The PSA test is available to men who request it, including trans women and non-binary people".

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 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.

What is a digital rectal examination (DRE)?

Your GP, urologist or clinical nurse specialist (CNS) may give you the option of having a DRE. It is a straightforward procedure, only taking about 15-30 seconds to do. A DRE checks the size and condition of your prostate and for any hardened areas, odd shape or unusual lump. It is done to ensure that there are no concerns with how your prostate feels. For this, you will lie on your left side with knees bent to your chest. The doctor/CNS will slide a gloved finger into your back passage/rectum to check your prostate through the bowel wall. Although it might feel a bit uncomfortable, it shouldn't hurt.

You can refuse to have a DRE but chat over any concerns you have with your GP, urologist or CNS. You may be asked if you would like a chaperone to be with you during the DRE or you can ask for the DRE to be done by a male doctor/CNS.

What next?

If your PSA is raised or your prostate felt unusual, then your GP may refer you to the urology department in hospital. This may lead to you having an MRI scan and possibly having a prostate biopsy.

What is an MRI scan?

An MRI scan uses high powdered magnets rather than x-rays to produce detailed pictures of your prostate, surrounding tissues, bones and other organs. It can show if the cancer has remained in the prostate or spread outside. These scan pictures can be used as a guide to target specific areas in the prostate when taking the small samples during a biopsy.

What is 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 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 in the previous 6 weeks.
- 👤 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 in the last week, although it can raise your PSA for longer.
- 👤 If you have had a prostate massage.
- 👤 If you have been the receiving partner of anal sex in the previous week.
- 👤 If you have had a urinary catheter in the last 6 weeks.
- 👤 Tell your doctor about any medications or herbal remedies e.g. 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.

Discussing the PSA test with your GP

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

"The PSA test is available to men who request it, including trans women and non-binary people".

What does the PSA level tell the 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 BPE, 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 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 will most likely refer you to the urology department to have more tests done such as an mpMRI scan or prostate biopsy.

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 blood relative been diagnosed with BRCA1/BRCA2 breast cancer or ovarian 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 a single PSA test is 'normal' would it reassure me only having the test once?
- 👤 If my PSA level is high would I be willing 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.