

# PSA IN PRACTICE:

A quick guide for  
Scottish healthcare professionals



prostate  
scotland 

JANUARY 2026

## CONTENTS

### ***How to use:***

Simply click the heading you are interested in to jump straight to that section.

<b><i>1. Purpose of the Toolkit</i></b>	<b><i>p.2</i></b>
<b><i>2. Intended Users</i></b>	<b><i>p.2</i></b>
<b><i>3. Asymptomatic Men</i></b>	<b><i>p.3</i></b>
<b><i>4. Epidemiology</i></b>	<b><i>p.4</i></b>
<b><i>5. Potential Symptoms</i></b>	<b><i>p.5</i></b>
<b><i>6. Screening vs. Informed Decision-Making</i></b>	<b><i>p.5</i></b>
<b><i>7. Risks of Refusing a PSA Test</i></b>	<b><i>p.6</i></b>
<b><i>8. Risk Factors for Prostate Cancer</i></b>	<b><i>p.7</i></b>
<b><i>9. Benefits and Drawbacks of the PSA Test</i></b>	<b><i>p.8</i></b>
<b><i>10. Contraindications to Performing the PSA Test</i></b>	<b><i>p.9</i></b>
<b><i>11. The International Prostate Symptom Score (IPSS)</i></b>	<b><i>p.10</i></b>
<b><i>12. Referral to Secondary Care</i></b>	<b><i>p.11</i></b>
<b><i>13. Guidance if PSA is Slightly Raised</i></b>	<b><i>p.13</i></b>
<b><i>14. Trans Women: Risk of Prostate Disease and Prostate Cancer</i></b>	<b><i>p.13</i></b>
<b><i>15. PSA Post Curative Treatment</i></b>	<b><i>p.14</i></b>
<b><i>16. Resources</i></b>	<b><i>p.15</i></b>
<b><i>Aide Memoire Checklist</i></b>	<b><i>p.16</i></b>

## **This is current guidance on PSA testing.**

### **Full guidance states that:**

*“This Prostate Cancer Risk Management Programme (PCRMP) information helps GPs give clear and balanced information to asymptomatic men who ask about prostate specific antigen (PSA) testing.*

### **The PSA test is available free to men who request it.**

*GPs should use their clinical judgement to manage asymptomatic men and those who they consider to be at increased risk of prostate cancer.”*

**For more information, please click / view:**



**[Advising men without symptoms of prostate disease who ask about the PSA test](#)**

### **See also:**

[Prostate cancer cases projected to double by 2040](#)

[Prostate cancer online course](#)

[Podcast for GPs on prostate cancer](#)

[Free NHS cancer earlier diagnosis resource to roll out across Scotland](#)

[RCGP, Australia, clinical resources and guidelines](#)

## 1. Purpose of the Toolkit

These guidelines help GPs and other healthcare professionals discuss, offer, or on occasion, decline a PSA test – maximising the benefits and minimising potential drawbacks.

The aim is to make conversations easier, clearer, and clinically informed, when patients request a PSA test, especially when men are asymptomatic but still concerned. If you've ever hesitated when a patient asks for a PSA test, you're not alone. Many GPs find this a grey area.

## 2. Intended users

The toolkit is designed for GPs and other healthcare professionals who may be involved in discussing PSA tests with men and trans women.

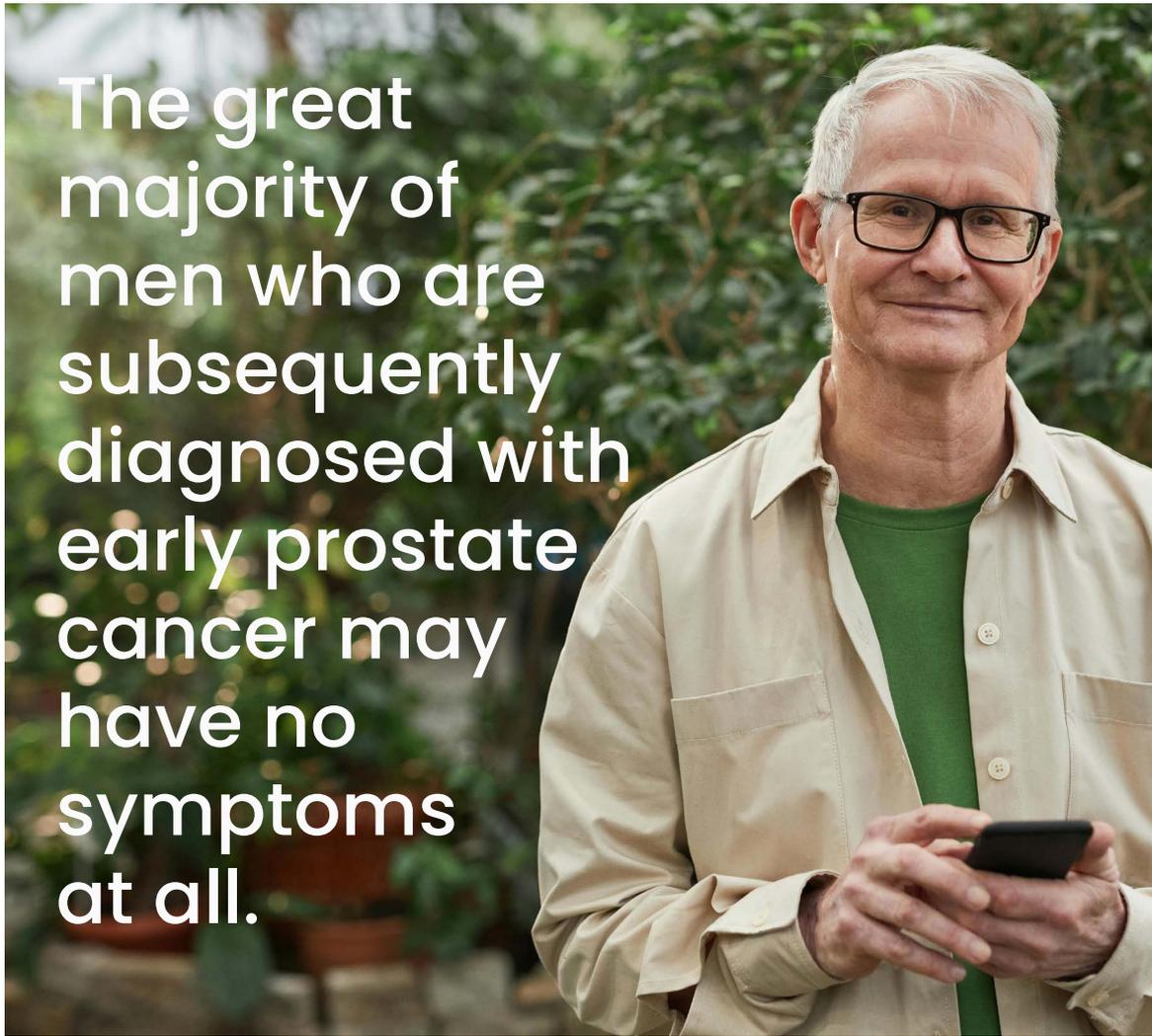


### 3. Asymptomatic men

**The absence of symptoms is not a reliable means of excluding prostate cancer.**

The great majority of men with early prostate cancer are asymptomatic. This presents a major challenge when declining PSA tests for men who may later develop prostate cancer (potentially advanced prostate cancer).

In view of the expected increase in numbers of men being diagnosed with prostate cancer, every GP practice is likely to experience a rise in the number of men being diagnosed with and living with prostate cancer.



The great majority of men who are subsequently diagnosed with early prostate cancer may have no symptoms at all.

## 4. Epidemiology

- Most common cancer for men in Scotland
- 1 in 10 men may develop prostate cancer
- Number of men diagnosed in Scotland in 2022 was 5064
- 998 men died from prostate cancer in 2022
- Almost 1 in 5 of all cancers diagnosed in men is prostate cancer
- Those with a first degree relative with prostate cancer, of African-Caribbean heritage, or BRCA 1 or 2 gene carriers are at higher risk of getting the disease
- NHS projections suggest a 35% increase in the number men diagnosed with prostate cancer over the decade 2017 – 2027
- Survival rates amongst men with prostate cancer have encouragingly doubled over the past two decades with 84% of men with prostate cancer now surviving it
- By the age of 80, 80% of all men will have some cancerous cells in their prostate.
- Almost  $\frac{3}{4}$  of men diagnosed will be over 65

## 5. Potential symptoms

While many men have no symptoms at all, common symptoms include:

- Urinary: nocturia, hesitancy, weak/intermittent stream, frequency, urgency, incomplete emptying of the bladder, dysuria, post micturition dribble
- Erectile dysfunction, visible haematuria, haematospermia
- Dull, deep pain or stiffness in the pelvis, lower back, ribs, upper thighs; bone pain in these areas
- Advanced prostate cancer may present with bone pain, fatigue or unexplained weight loss

## 6. Screening vs. informed decision-making

Whole population screening using the PSA test is not recommended in the UK. The PSA test is the best test available at the present time with many men choosing to have the test despite the drawbacks.

If a man requests a PSA test, offer it if:

- He's aged 50 and over (or 45+ with risk factors)
- He has been counselled on the risks and benefits
- He is cognisant of the potential outcomes of his choice
- His personal values must be considered
- His right to speak to another GP or healthcare professional should be recognised.

## 7. Risks of refusing a PSA test

- The cancer could have been diagnosed earlier
- The cancer could be treated with curative intent when diagnosed
- The man is diagnosed at a later date potentially with advanced prostate cancer
- Prostate cancer diagnosed at a later stage can have considerable impact on his quality of life.

### **TRANSFORM clinical trial**

*From Autumn 2025, selected GPs practices across the UK will recruit men at the highest risk of prostate cancer – men aged between 50 and 75, and Black men aged between 45 and 75, to participate in the biggest prostate cancer screening trial in decades.*

*Participants will receive innovative screening methods, including MRI scans, to ascertain if new screening methods provide more accurate results than the current blood tests, and to seek evidence of 'how best to test' for this disease.*

**For more information, please click:**

**[TRANSFORM Prostate Cancer Screening Trial](#)**

## 8. Risk Factors for prostate cancer

<p>Age</p>	<ul style="list-style-type: none"> <li>• Incidence of prostate cancer increases with age.</li> <li>• Approximately 99% of cases are diagnosed in men aged over 50 years</li> </ul>
<p>Family history of prostate cancer</p>	<ul style="list-style-type: none"> <li>• Father has/had prostate cancer then sons are 2 times more at risk</li> <li>• Brother has/had prostate cancer then other brothers are 2-3 times more at risk</li> <li>• If there is a cluster of 1st degree relatives with prostate cancer a man is 4 times more at risk</li> <li>• If a father or brother has been diagnosed at an early age (<math>\leq 60</math> yrs) then the man is 3 times more at risk</li> </ul> <p><b>Consider discussing the PSA test with sons or brothers of men diagnosed with prostate cancer at an earlier age from around 45 yrs</b></p>
<p>Family history of BRCA1 or BRCA2 breast cancer</p>	<ul style="list-style-type: none"> <li>• Close female blood relatives diagnosed with breast cancer with the gene alteration BRCA1/ BRCA 2, then close male blood relatives are 4-9 times more at risk</li> </ul> <p><b>Consider discussing the risk of prostate cancer with mothers diagnosed with BRCA1 and 2 about risk to sons. Consider discussing the PSA test with their sons at an earlier age from around 45 yrs.</b></p>
<p>Black men and those from an African Caribbean background</p>	<ul style="list-style-type: none"> <li>• These men are 3 times more at risk and up to 5 years earlier</li> </ul> <p><b>Consider discussing the PSA test with these men and their sons at an earlier age from around 45 yrs.</b></p>
<p>Trans women</p>	<ul style="list-style-type: none"> <li>• Trans women who have undergone gender affirming hormone therapy or gender affirming surgical treatment still have a prostate therefore are at risk of prostate cancer and prostate disease</li> </ul> <p><b>For more information see Section 13</b></p>

## 9. Benefits and drawbacks of the PSA test

### *Benefits:*

- Early detection of prostate cancer and potentially the more aggressive prostate cancers before and after symptoms are apparent enabling treatment to start earlier
- Baseline PSA for future comparison
- Essential for those with higher risk

### *Drawbacks:*

- False positives can lead to unnecessary anxiety/tests
- False negatives can lead to false reassurance
- Can't distinguish between slow/fast-growing cancers
- Treatment side-effects can impact quality of life



## 10. Contraindications to performing the PSA test

PSA levels can be skewed by common activities or conditions. Delay testing if the patient has:

- Recent or active UTI (within 6 weeks)
- Ejaculated or exercised vigorously in the last 48 hours
- Recent DRE, prostate biopsy, prostate massage, or flare up of prostatitis. Urinary catheterisation can potentially affect the PSA level
- Recipient partner in anal intercourse
- Taking finasteride or dutasteride is not a contraindication, but the PSA result needs to be interpreted differently as both drugs will reduce the serum PSA by up to 50%
- Prostate cancer is common in men aged 80+ but may not be clinically significant. Reserve PSA testing for 80+ if features suggest metastatic prostate cancer or if he has made an informed decision and has a life expectancy of 10 + years
- It is not a contraindication but be aware of any herbal remedies, eg. saw palmetto that he is taking



## 11. The International Prostate Symptom Score (IPSS)

IPSS is not a reliable tool to determine whether to offer a PSA test. Men may score low but still have prostate cancer.

- Any man  $\geq 50$ , and  $\geq 45$  if there are risk factors, with symptoms should be tested irrespective of IPSS
- Any man over 50 with or without symptoms who requests a PSA should be offered one
- Any man  $\geq 45$  with risk factors (family history, African-Caribbean, BRCA gene) who requests a PSA should be tested irrespective of whether he has symptoms



## 12. Referral to secondary care

**(taken from before USC Guidelines August 2025):**

Refer a person with any of the following to the urology service as a USC:

- Raised PSA in the following age categories
  - Under 70:  $\geq 3$  ng/ml
  - 70–79:  $\geq 5$  ng/ml
  - 80 and above:  $\geq 20$  ng/ml. Men between the ages of 80 and 85 who have a high PSA  $\geq 10$  ng/ml, but  $< 20$  ng/ml, can be referred as urgent for further assessment if they are fit and do not have multiple co-morbidities, in line with the principles of Realistic Medicine.
- A DRE suspicious of prostate cancer (hard and/or irregular) – request an urgent PSA test in parallel to a referral. If the prostate is felt to be abnormal (hard and/or irregular) on DRE, a PSA test should be requested. The result of the PSA test is used to support triage in secondary care. The PSA result should not alter the category of referral to secondary care – an abnormal DRE in the presence of a normal PSA should still be referred as a USC.
- Do not refer as a USC if the PSA is raised in men with symptoms or signs of a Urinary Tract Infection (UTI), or who have been treated for a UTI. Instead, repeat the PSA after six weeks of completing treatment for the UTI. If the PSA is still raised (see above thresholds) refer as USC.

A UTI does not need to be excluded prior to referral if there are no clinical features of infection.

A repeat PSA test may be carried out by secondary care to allow triage but is not needed for referral from primary care if there is not a confirmed or suspected UTI.

## ***Good Practice Points, taken from USC guidelines September 2025***

There is no agreed screening programme for prostate cancer in Scotland. Instead, there is an informed choice programme called Prostate Cancer Risk Management (PCRMP).

This supports clinicians to give balanced information to men without symptoms of prostate disease who ask about a PSA test. The PCRMP was updated in December 2024 to clarify that PSA testing for asymptomatic men is not exclusively available to those aged 50 and over. The documents contain reference to NICE NG12. This is not applicable for NHS Scotland and instead the Scottish Referral Guidelines for Suspected Cancer should be followed for the referral of suspected prostate cancer.

If a PSA is performed in this context the following apply:

PSA thresholds described in the 'Urgent Suspicion of Cancer Referral' section above should be used to guide referral

If the PSA is below these thresholds, the test should not be repeated within a 12-month period, if the person remains asymptomatic

Urinary catheterisation or other invasive procedures such as prostate biopsy raise PSA, with 5- alpha reductase inhibitors such as finasteride potentially reducing PSA.

### 13. Guidance if PSA is slightly raised

If the PSA test result is slightly raised above that considered normal for his age group, consider another PSA test in 8 – 12 weeks. This may be considered better than a one-off 'snapshot' PSA.

It may be advisable to perform a DRE to identify any changes in the prostate.

### 14. Trans women; risk of prostate disease and prostate cancer

Trans women who have had gender affirming hormone therapy or gender affirming surgery still have a prostate and can develop prostate cancer and prostate disease.

Gender-affirming hormone therapy begins with anti-androgens. These block androgen hormones, such as testosterone. This may lower overall risk of developing prostate cancer.

Female hormones may be prescribed such as oestrogen and progesterone. Most trans women will continue these hormones for the rest of their life.

- PSA levels may be lower due to testosterone suppression.
- It is suggested a PSA >1 ng/ml should initiate referral to secondary care.
- Consider prostate position during physical exams per rectum or neovaginal.
- Consider risk factors of age, family history of prostate cancer and BRCA1/2 breast cancer similar to those of cis men

***For more information, please click / view:***

**[Advising people without symptoms of prostate disease who ask about the PSA test](#)**

This document states:

“Any man can make an appointment with their GP to discuss having the prostate specific antigen (PSA) test. The test is available to anyone with a prostate, including trans women and non-binary people.”

### ***Availability of screening for trans women***

Screening eligibility varies based on CHI number status.

More info: [\*\*\*NHS Inform Trans Screening Guide\*\*\*](#)

## **15. PSA post curative treatment**

It is crucial to monitor PSA levels after treatment.

### ***After Radical Prostatectomy***

- PSA  $\geq 0.2\text{ng/ml}$  should prompt referral secondary care.

### ***After Radiotherapy***

- PSA falls gradually over 2 years. A rise of  $\geq 2\text{ng/ml}$  rise from nadir or 3 consecutive increases, refer to secondary care.

### ***After Brachytherapy***

- PSA levels might bounce or spike around 2 years after treatment. A level of  $\geq 2\text{ng/ml}$  over nadir, refer to secondary care.

## 16. Resources

Prostate Scotland offers a range of helpful materials for both patients and clinicians. All resources are freely available for download and sharing within NHS settings:

[\*A simple guide to the prostate\*](#)

[\*Brief guide to prostate disease & prostate cancer\*](#)

[\*PSA the knowledge\*](#)

[\*Prostate cancer. Is it in the family?\*](#)

[\*A start to help you understand prostate cancer\*](#)

[\*Prostatitis: a simple guide\*](#)

[\*Early Prostate Cancer Explained\*](#)

[\*Advanced prostate cancer explained\*](#)

[\*At-a-glance tables: Deciding on treatment: a step on your journey\*](#)

[\*Prostate Scotland's COMPASS support service\*](#)

[\*Cancer Navigator App\*](#)

[\*prostatescotland.org.uk\*](http://prostatescotland.org.uk)

## Aide memoire for case notes:

- Symptoms - IPSS completed.
- PSA counselling completed with [appropriate leaflet advised](#)
- Family history checked with [appropriate leaflet advised](#)
- PSA levels every  weeks (*when appropriate*)
- DRE findings  
(*abnormal findings triggers automatic urology referral and PSA test*):

- Referral to urology date
- Date of mpMRI scan
- Results of mpMRI scan
- Date of biopsy
- Results of biopsy

### Resources given:

- [\*\*\*Prostate Scotland Cancer Navigator App\*\*\*](#)
- Referral to [\*\*\*COMPASS support service\*\*\*](#) from Prostate Scotland
- Referral to [\*\*\*Prostate Scotland website\*\*\*](#)

### Next steps:



The great majority of men who are subsequently diagnosed with prostate cancer may have no symptoms at all.



ADDRESS

89 – 91 Morrison Street  
Edinburgh EH3 8BU



PHONE

0131 603 8660



WEB

[prostatescotland.org.uk](http://prostatescotland.org.uk)  
[info@prostatescotland.org.uk](mailto:info@prostatescotland.org.uk)



Prostate Scotland is a charity registered in Scotland SC037494.  
Prostate Scotland is a company registered in Scotland SC306268