# Advice to Patients Requesting PSA (Prostate-Specific Antigen) Measurement

## Frequently Asked Questions

### What is the PSA blood test?

If you want more information before deciding to have this test, it is important that you ask and that you fully understand what is involved Prostate-specific antigen (PSA) is a substance produced in the prostate gland. All men have some in their blood. If the amount in the blood is abnormally high, it might indicate you have some disease in the prostate gland, which could be cancer or another condition such as inflammation or non-cancerous enlargement. PSA is not a specific test for cancer and, before you have the test, it is important that you read and understand the following information.

### Why have a PSA test?

Although the PSA test is often done to detect cancer in men who have problems passing urine and is also used to help in the treatment of men who are known to have prostate cancer, it can also detect early prostate cancer before it causes symptoms or any abnormality of the prostate. At this stage it might be possible to remove the cancer by an operation, or to destroy it with radiotherapy. This may cure the disease.

Although using the PSA test in this way to screen for prostate cancer is sometimes recommended, Screening for prostate cancer is still controversial and it is not entirely clear if it is beneficial.

### What do we know about PSA levels?

You need to consider the following points before you finally decide to have the test.

- ~ A low PSA does not completely exclude prostate cancer (in men with a PSA between 1 and 3, 15—20% can be found to have cancer on biopsy)
- ~ A high PSA does not mean there is prostate cancer, although the higher the PSA the greater the risk that there is cancer (in men with a PSA between 3 and 10, 30–50 % are found to have prostate cancer on biopsy)
- ~ A high PSA can be due to simple benign enlargement of the prostate, which is very common in men over 50, it can occur during an infection in the urine, and after surgery or tests on the prostate
- ~ The average level of PSA tends to be higher in older men

# Is there anything else I can do?

What happens if the PSA is high? If your PSA is high, your urologist will discuss with you whether further investigations should be done. A biopsy may be advised to see if cancer is present. This is done with a transrectal ultrasound probe. The probe is passed into the rectum (back passage) with the help of local anaesthetic jelly. This test is a little uncomfortable and is usually performed under twilight sedation. Antibiotics are given to reduce the risk of infection

Complications can follow this test-bleeding can occur or infection in the urine, the prostate or the blood. Even if the biopsy test is negative, this does not necessarily completely rule out prostate cancer. Usually, it will be necessary to have the PSA test repeated, and sometimes further biopsies are needed. It is important to realise that, if your PSA is raised, even if you do not have cancer, it can be very difficult to rule out cancer and you may need to go on having tests for some time.

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# If the tests show cancer, how is it treated?

The following points are important for you to understand:

- ~ If the biopsy does show cancer, you and your urologist will have to make a decision about how to treat it. This might involve an operation to remove the whole prostate gland (radical prostatectomy) or radiotherapy.
- ~ Sometimes, it might be best simply to do nothing immediately but actively monitor the disease, which usually involves using PSA tests and clinical rectal examination of the prostate to see if the cancer is growing.
- ~ The best way of treating early prostate cancer is not clear.

  Treating some cancers at an early stage should prevent more serious cancer developing in the future, but the side-effects of treatment may outweigh any benefits. It is difficult to be precise about predicting what is right for each individual person.
- ~ At present it is not entirely clear that PSA tests to diagnose early cancer does save lives. Some doctors believe that it does and some believe that it does not. We should, however, have further information about this from clinical trials within the next 2–3 years.

# What if there is a family history of cancer?

- ~ You may be asking for a test because a relative has had prostate cancer. Prostate cancer can run in families, but it is only if it is a close relative (e.g. father or brother), or, especially, two or more close relatives, that the increased risk is important. This is particularly so if they have developed the disease at a young age.
- ~ Although the chance of your having prostate cancer might be higher in these circumstances, it is still fairly small (10-15%).
- ~ The higher the PSA value, the more likely cancer will be found. If your PSA is greater than 10  $\mu$ g/l, the risk of finding prostate cancer is 50%.

# Advice to Patients Requesting PSA Measurement continued...

# Who can I contact for more help or information?

#### Dr Peter Campbell

Suite 9, level 9, Evan Thomson Building, The Wesley Hospital, Chasely St, Auchenflower, QLD 4066 (07)  $3367\,1608$ , www.campbellurology.com.au

### The Wesley Hospital, Urology Ward

451 Coronation Drive, Auchenflower, QLD 4066 (07) 3232 7168 www.uhc.com.au/wesley

### The Wesley Emergency Centre

451 coronation Drive, Auchenflower, QLD 4066 (07) 3232 7333

### Greenslopes Private Hospital, Continence Advisor

Newdgate St, Greenslopes, QLD 4120 (07) 3394 7978 www.greenslopesprivate.com.au

### Greenslopes Private Hospital Urology Ward

Newdgate St, Greenslopes, QLD 4120 (07) 3394 7261 www.greenslopesprivate.com.au

### Greenslopes Private Hospital Emergency Centre

Newdgate St, Greenslopes, QLD 4120 (07) 3394 6777 www.greenslopesprivate.com.au

### The Queen Elizabeth II Jubilee Hospital, Urodynamics Department

Kessels Rd, Coopers plains, QLD 4108 (07) 3275 6346

#### American Urological Association Foundation

1000 Corporate Blvd, Suite 410, Linthicum, MD 21090 1800 828 7866 www.urologyhealth.org

Thank you for taking the trouble to read this information sheet. If you are satisfied with the explanation of the test, please sign below and this leaflet will be filed in your chart.

If you wish to retain a copy for you own records, one will be provided.

I have read this information sheet and I accept the information it provides.

Signature Date