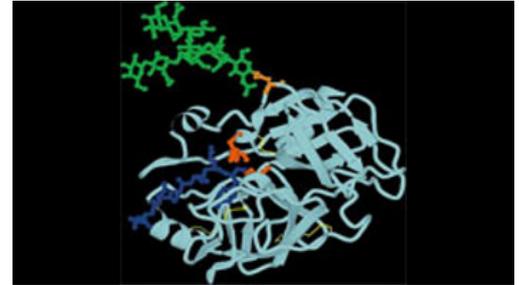


Patients I think I might have...

Raised PSA

Quick Links

- What should I do if I have a raised PSA?
- What are the facts about a raised PSA?
- What should I expect when I seek further advice?
- What happens next?



Pages in this section contain graphic images (including genitalia) that some may find upsetting.

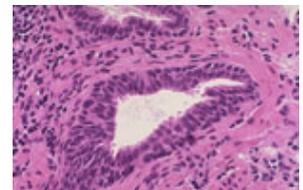
What should I do if I have a raised PSA?

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If you have a raised PSA or you have been told that your prostate feels abnormal, you should contact your GP or your urologist for further advice

PSA (prostate-specific antigen) is a small protein molecule which is released from the prostate gland into the bloodstream. As you get older, your prostate slowly enlarges and your PSA gradually increases. The larger your prostate, the higher the PSA.

Prostate cancer (pictured) also becomes commoner with increasing age. By the age of 90 years, almost all men will have microscopic areas of tumour in the prostate. This does not mean that they have active prostate cancer. Many elderly men live a normal lifespan without the need to treat these "incidental" tumours.



Only detailed urological investigation can determine whether a prostate cancer is "incidental" (requiring no treatment) or "significant" (requiring active treatment).

 [Download a table of age-related normal ranges for PSA](#)

What are the facts about a raised PSA?

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- PSA is not a specific test for prostate cancer. Raised levels may also be caused by inflammation, benign enlargement or previous surgery;
- With PSA levels between 3 and 10, only 20% of men have prostate cancer on biopsy;
- Higher levels of PSA make prostate cancer more likely (50% chance with a PSA greater than 10);
- If your PSA is raised, you will probably have a further blood test to measure the free/total PSA ratio (FTR). An FTR of less than 17% makes prostate cancer more likely. Levels greater than 22% usually mean that the prostate is benign;
- If there is a high suspicion of prostate cancer on the basis of the blood tests, you will normally be advised to have biopsy samples taken from your prostate gland;
- Even negative biopsies do not always rule out prostate cancer. Further biopsies may be needed if your PSA remains raised or increases with time; and
- If prostate cancer is present, the best way of treating early prostate cancer is still not known with any certainty.

What should I expect when I seek further advice?

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The higher your total PSA and the lower your free/total PSA ratio, the more likely you are to have prostate cancer

1. History, examination & additional tests

2. Risk calculation

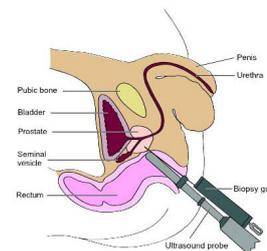
3. Initial treatment from your GP

What happens next?

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If your PSA remains raised, if the free/total ratio is low or if your GP suspects that your prostate feels abnormal, a referral will be arranged for you to see a urologist using the fast-track (2-week wait) system

In the fast-track urology clinic, you will be assessed carefully by a urologist or a urology nurse specialist. Based on this assessment, it is likely that you will be advised to have transrectal ultra-sound guided biopsies of your prostate (pictured right). This procedure may be performed at the first visit or at a later stage, and you should read the information leaflet before the procedure is performed.



 [Download the information leaflet on prostate biopsy under ultrasound control](#)



[Click here to see a calculation of the risk of biopsy-detectable prostate cancer.](#)

It may take up to a week before you get the final results of your prostate biopsies. The biopsies are analysed under a microscope (pictured right) to determine whether prostate cancer is present. If it is, the tissue is examined in more detail to determine the grade of cancer (the Gleason grade). This is done by looking at the characteristics of individual groups of cancerous cells.

Once the biopsies have been examined carefully, the results will be discussed in a multi-disciplinary meeting where a number of specialists will consider them in detail.

If your prostate biopsies are negative for prostate cancer

You will normally be advised about treatment of any prostate symptoms you may have and your urologist will arrange for you to have regular (6-monthly) blood tests to check your PSA.

If the PSA level remains raised or increases with time, you may be advised to have repeat biopsies or to have biopsies performed under a general anaesthetic (saturation biopsies). The latter allows more extensive sampling and is more likely to detect prostate cancer if it is present. More accurate still is a technique where your ultrasound scan is superimposed on an MRI scan. This technique is probably more sensitive in detecting prostate cancer but is still under assessment.

 [Download a leaflet about biopsies performed under general anaesthetic](#)

If your prostate biopsies are positive for prostate cancer

Your urologist will then discuss the following:

Staging investigations

To find out the extent of your prostate cancer, your urologist may arrange a CT scan, an MRI scan or a bone scintigram (or bone scan, pictured). Together with the Gleason grade found on the biopsies, these will determine what treatment is needed. Not all patients will require staging investigations before treatment.



Treatment options

Once the results of all the tests are available, your urologist will discuss what treatment options are available and what is best for you. This will take into account your age, general health, PSA level, Gleason grade and stage of the tumour.

Your urologist will help you decide whether treatment by surgery, hormones, chemotherapy or radiotherapy is best for you. If your tumour

is at low risk of progressions, it may be more appropriate for your cancer to be monitored closely and treated only if there are signs of progression (active surveillance).  [Download an information leaflet on active surveillance.](#)

More resources on Raised PSA

Some/all of these resources are links to external sites, the content on which BAUS accepts no responsibility for.

[Prostate Cancer UK](#)

A charity (formed by the merger of the Prostate Cancer Charity & Prostate UK) which provides information about prostate cancer

[Prostate Risk Calculator](#)

Use the nomogram provided to calculate your risk of prostate cancer

[Risk of Biopsy-Detectable Prostate Cancer](#)

Use the nomogram to calculate your chances of having prostate cancer detected on ultrasound-guided biopsies of your prostate