

Urological Cancers

Suspect Prostate Cancer Referral Guidance

- Consider a prostate specific antigen (PSA) test and digital rectal examination to assess for prostate cancer in men with;
 - Any lower urinary tract symptoms such as nocturia, urinary frequency, hesitancy, urgency, or retention **OR**
 - Erectile dysfunction **OR**
 - Visible haematuria

- Do **NOT** do a PSA in men with a suspected or confirmed urinary tract infection(UTI)

- Refer as suspected cancer if their prostate feels malignant on digital rectal examination.

- Refer as suspected cancer on the basis of a single PSA result if the level is >20 µg /L

- Refer as suspected cancer (for an appointment within 2 weeks) for prostate cancer if their PSA levels are above the referral range (as detailed below), at both initial testing and when repeated again at between 2-4 weeks later.

Age	PSA Referral Range
Below 40	Use clinical judgement
40 to 49	> 2.5µg/L
50 to 59	>3.5 µg/L
60 to 69	>4.5 µg/L
70 to 79	>6.5µg/L
Above 79	Use clinical judgement

Please note a PSA may be raised in the presence of urinary infection, prostatitis or benign prostatic hypertrophy, and may also be elevated following vigorous exercise, ejaculation or prostate stimulation (e.g. prostate biopsy, digital rectal examination, anal intercourse). Please wait six weeks to do a PSA test if a patient has had an active urinary infection, prostate biopsy, TURP, or prostatitis.

PSA testing should only be carried out after full advice and provision of information. (Patient information leaflet about prostate assessment and PSA testing is available on the Northern Ireland Cancer Network <https://nican.hscni.net>)

REFERRALS FOR SUSPECTED PROSTATE CANCER

Patient should receive full advice prior to PSA testing

Asymptomatic Men

Advise patients on the advantages and disadvantages of PSA

If prostate assessment requested, perform the following:
DRE: Digital rectal exam
Prostate Specific Antigen

If normal manage in primary care

Symptomatic Men

Patient presents with any of the following:

- Any lower urinary tract symptoms such as nocturia, urinary frequency, hesitancy, urgency, or retention **OR**
- Erectile dysfunction **OR**
- Visible haematuria

Recommended Investigations:
DRE: Digital Rectal Exam
PSA: Prostate Specific Antigen
Urinalysis and Hb

If abnormal DRE, check PSA and refer as Red Flag

If normal DRE and PSA manage in primary care / refer to Urology if indicated

If PSA is above the referral range repeat 2-4 weeks later and if above referral range then refer as per suspect cancer referral guidance

Single PSA >20µg/L
Red Flag Referral

PSA ADVICE

PSA REFERRAL RANGE

Under 40 – used clinical judgement
40-49yrs: >2.5 µg /L
50-59yrs: >3.5µg /L
60-69: >4.5µg /L
70-79yrs: >6.5µg/L
Above 70: use clinical judgement

WHEN TO REPEAT PSA TEST?

A repeat PSA should be completed 2-4 weeks after an abnormal result prior to referral to secondary care

When to refer on a single PSA Test?

Refer using a suspect cancer referral

SUSPECT RED FLAG CANCER REFERRAL TO SECONDARY CARE