

Urological Cancers Suspect Prostate Cancer Referral Guidance

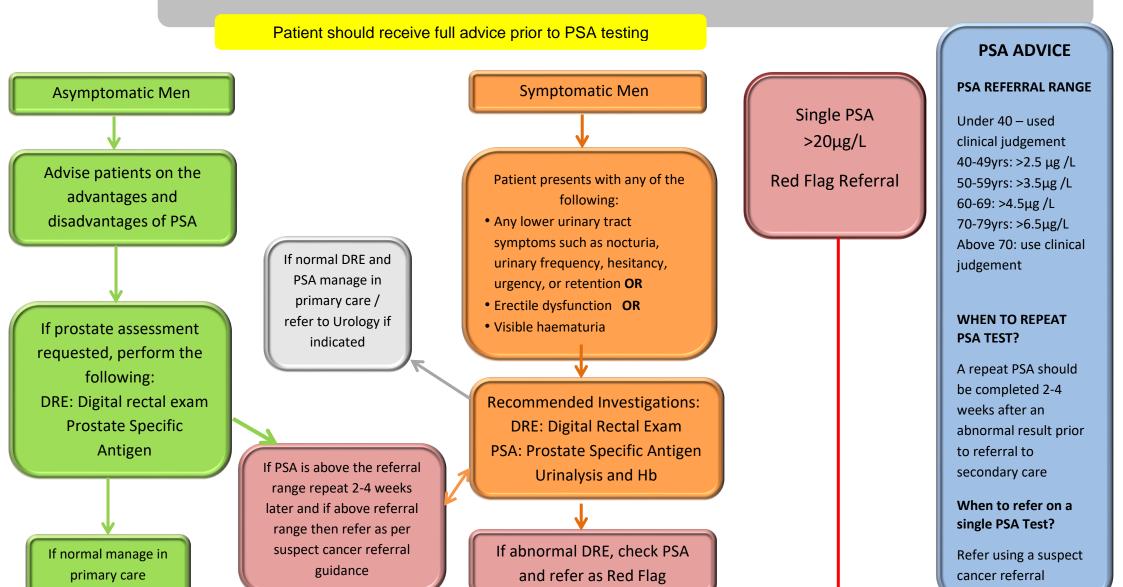
- Consider a prostate specific antigen (PSA) test and digital rectal examination to assess for prostate cancer in men with;
 - Any lower urinary tract symptoms such as nocturia, urinary frequency, hesitancy, urgency, or retention OR
 - Erectile dysfunction OR
 - Visible haematuria
- Do NOT do a PSA in 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 μ g /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



SUSPECT RED FLAG CANCER REFERRAL TO SECONDARY CARE