PSA SCREENING (PROSTATE CHECK)

WHAT IS PSA SCREENING (PROSTATE CHECK)?

PSA screening (prostate check) involves a blood test (PSA – Prostate Specific Antigen test), which can help to establish the individual risk of prostate cancer. The aim of Prostate Cancer screening is to detect the disease at an early stage, to improve the chances of cure. The test is performed because prostate cancer rarely causes symptoms until it reaches an advanced and often incurable stage (metastatic).

PROSTATE CHECK / PSA SCREENING VIDEO

WHAT IS PSA?

PSA (prostate specific antigen) is an enzyme/protein produced by the prostate. All men who still have their prostate will have a level of PSA detectable in their blood test. PSA is a prostate test or prostate check (not specifically a cancer test) but in men with prostate

cancer the PSA will generally be higher than men without prostate cancer. Unfortunately, there is no normal reading and other conditions such as enlarged prostate (BPH), infection or inflammation may also cause an elevated PSA reading. Therefore PSA only forms part of the screening for prostate cancer and it is important to monitor the levels over a period of time, rather than a single reading.

WHAT IS PROSTATE CANCER?

Prostate cancer is a major health concern for Australian men. Most men who are diagnosed with prostate cancer won't die from it, however prostate cancer remains the second most common cause of cancer-related deaths in men in Australia. The prostate is a gland that sits just below the bladder in men. It is around the size of a golf ball and functions to produce the seminal fluid. Prostate cancer occurs when the cells of the prostate grow abnormally and unregulated. There are different types of prostate cancer. Some prostate cancers grow slowly and never cause the patient any harm, whilst others can spread to other parts of the body, causing serious harm and sometimes even death. It is the role of the Urologist to evaluate each individual case to determine the appropriate

IS PSA SCREENING NECESSARY FOR ALL MEN?

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PSA screening or prostate check has been proven to save lives – the highest level of evidence from a large European study of over 160,000 men demonstrated a 20% reduction in death from prostate cancer in men who underwent PSA screening. Unfortunately there has been some controversy about the test leading to confusion for patients and family doctors. This is largely due to the fact that PSA screening has the potential to detect low grade cancers which do not generally require treatment. For some patients this may cause some anxiety. It is the role of the Urologist to manage the patient appropriately to avoid overtreatment. PSA testing allows high-grade cancers to be detected at an early stage so they can be treated in a timely manner to give the best chance of cure.

WHO SHOULD HAVE PSA SCREENING?



Men who are interested in establishing their individual risk of having or developing prostate cancer should talk to their GP about having a PSA test. Deciding whether or not to have a screening PSA test is a personal choice. The benefits of screening are early detection with chance for early treatment and cure. The proposed disadvantage is over-detection of low-grade cancer which may lead to patient anxiety.

Generally, the recommendation for screening is to have a PSA blood test at:

50 years of age with no family history of prostate cancer

45 years of age if you have a first degree relative (father, uncle or brother) with prostate cancer

WHAT IF YOUR PSA SCREENING TEST IS ELEVATED?

If your <u>PSA screening</u> test is elevated a repeat test will be done (usually within 4-6 weeks) to confirm that this is a true reading. In that case, the Urologists at Melbourne Urology Centre will provide a comprehensive assessment of your individual risk to determine the need for further investigation with multiparametric MRI and transperineal prostate biopsy

to definitively diagnose (or exclude) prostate cancer. If you are diagnosed with prostate cancer, they will then assist you in ensuring that you are fully informed of your options for management including active surveillance of low-risk cancer, to avoid overtreatment.

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Urological Society of Australia and New Zealand, (2021), USANZ statement on PCFA clinical practice guidelines on PSA-testing,

[https://www.usanz.org.au/info-resources/position-statements-guidelines/usanz-statement-pcfa-clinical-practice-guidelines-psa-testing], accessed 15/2/21.

Hugosson, J., Roobol, M.J., Mansson, M., Tammela, T. L. J., Zappa, M., Nelen, V., Kwiatkowski, M., Lujan, M., et al., (2019), A 16-yr follow-up od the European randomized study of screening for prostate cancer, European Urology, 76(1),

[https://academic.oup.com/jnci/article/103/6/520/2568716? login=true], accessed 15/2/21.

Zeliadt, S. B., Hoffman, R. F., Etzioni, R., Gore, J. L., Kessler, L. G., Lin, D. W., (2011), Influence of publication of US and European prostate cancer screening trials on PSA testing practices, Journal of the National Cancer Institute, 103(6),

[https://pubmed.ncbi.nlm.nih.gov/30824296/], accessed 15/2/21.