

FOSS AGM- Stow Surgery 2022/Prostate

Prostate/PSA

There has been a great deal of media attention in relation to prostate cancer recently, clearly driven by some high-profile cases- Bill Turnbull died from prostate cancer, Stephen Fry diagnosed with prostate cancer and Kenny Logan ex Scotland Rugby Union international being diagnosed at the age of 50. Each year about 50,000 men are diagnosed with prostate cancer and 12,000 die from the disease-the 2nd most common cause of cancer deaths amongst males.

This understandably has led to men over the age of 50 being encouraged to have a PSA blood test that can be helpful in detecting prostate cancer. However, despite men being urged to have the test – it's not a straightforward screening test.

Factors that increase the risk of prostate cancer

1. Age – rare under the age of 50 and increases with age
2. Family hx , close relative – brother or father
3. Ethnicity an increased risk for men of black ethnic origin
4. Obesity

It may be without symptoms but symptoms might include lower urinary tract symptoms, erectile dysfunction, blood in urine or semen, bone pain or weight loss.

Prostate cancer is common and in fact may not cause symptoms or shorten life. Some tested men may therefore face unnecessary diagnosis as well as increased anxiety, medical tests that are invasive and treatments with side effects.

PSA levels can be raised in a number of conditions, such as UTI, a benign enlargement of the prostate – benign prostatic hypertrophy

Around ¾ of men with a raised PSA will not have cancer

There is also a small proportion of men who have a normal PSA who will later be found to have prostate cancer.

Thus, given this false positive and false negative rate it is not a robust population-based screening tool.

Before a PSA test men should not have:

- An active urinary infection in the preceding 6 weeks
- Ejaculated in the previous 48 hours

- Exercised vigorously in the preceding 48 hours
- Had any urological intervention in the previous 6 weeks such as a catheter

A PSA test will not distinguish between aggressive tumours, which are at an early stage but will develop quickly, and those which are not.

A borderline test will often require repeating in 4-6 weeks and then if still raised referral to urology and consideration for MRI and risk stratification to guide prostatic biopsy.

This will then guide management options:

- Active surveillance
- Surgically removing the prostate – radical prostatectomy, if the cancer has not spread beyond the prostate
- Radiotherapy, again an option that might be curative if the cancer has not spread beyond the prostate.
- Hormone therapy often used in conjunction with radiotherapy which can slow progression in advanced cancer
- More modern techniques – high intensity focused ultrasound – HIFU, cryotherapy is another option
- Chemotherapy for advanced cancer

Therefore, there are pros and cons to PSA testing and there are conditions that need to be met to optimise the testing and we would want to discuss this with men before they embark on PSA testing and are very happy to do so.