

## **Frequently asked questions about PSA testing**

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### **What is the current position on prostate cancer screening in the UK?**

There is no formal PSA screening programme in the UK. Evidence from the largest screening study to date which included more than 182,000 European men, aged 55-69 years, with 16 years of follow-up showed that PSA screening reduced the risk of prostate cancer metastases and mortality. The numbers needed to be invited to screening and to be diagnosed to prevent 1 death were 570 and 18 respectively.<sup>13</sup>

### **Do younger men benefit from PSA testing?**

Data suggest that younger men potentially have the most to gain from early detection of prostate cancer. If a high-risk cancer is detected intervention will improve overall survival.<sup>14</sup>

### **If the PSA blood test is abnormal is there any value in repeating the PSA test?**

Repeating the PSA test prior to referral to secondary care is valid especially if history and examination findings are consistent with infection or if the patient describes a factor that may have caused this such as a history of ejaculation within 48 hours of performing the test. A repeat PSA in a not insignificant proportion of men may return to within normal limits sometimes this will be unexplained.<sup>15</sup>

### **What is the value of a single PSA screening test?**

Current evidence shows that a single PSA screening intervention in a UK population when compared with standard practice without screening does not lead to a significant difference in prostate cancer mortality at a median follow-up of 10 years.<sup>16</sup> Based on this a pragmatic approach should be that if a PSA is performed in primary care and found to be normal the PSA should be repeated at regular intervals.