

Frequently asked questions about PSA testing

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 regular PSA screening reduced the risk of prostate cancer metastases and mortality. The numbers needed to be invited to screening and diagnosed to prevent 1 death were 570 and 18 respectively.¹⁵

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.¹⁶

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 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, and sometimes this will be unexplained.¹⁷

What is the value of a single PSA screening test?

Current evidence shows that a single PSA screening intervention (once in a lifetime) 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.¹⁸ 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 e.g. annually.