

PSA Guidance for General Practitioners

Two Week referral for suspected prostate cancer

1. An elevated age specific PSA* in men with a **10 year life expectancy**
2. A high PSA (>20ng/mL) in men with a clinically malignant prostate or bone pain
(*if the PSA is marginally elevated, a second PSA, two weeks later, may be helpful before referral)

*Age Specific PSA (NICE Guidelines 2005)

Age 50 to 59 years	PSA ≤ 3 ng/mL
Age 60 to 69 years	PSA ≤ 4 ng/mL
Age 70 years or older	PSA ≤ 5 ng/mL

Risk Stratification of Prostate Cancer (at diagnosis)

Level of risk	PSA (ng/mL)		Gleason score		Stage
Low risk	<10	and	≤6	and	T1-T2a
Intermediate risk	10-20	or	7	or	T2b
High risk	>20	or	8-10	or	≥T2c or N+ or M+

T1: not palpable; T2a: organ confined, < 50% of 1 lobe; T2b: organ confined, >50% of 1 lobe; T2c: organ confined, both lobes; T3a/b: through capsule/ into seminal vesicles;

PSA follow up during Active Surveillance (for patients who are candidates for treatment with curative intent if disease progresses)

Criteria for Discharge	Primary Care follow up	Trigger for Re-referral
<ul style="list-style-type: none"> • Secondary care follow-up 	<ul style="list-style-type: none"> • Not applicable 	<ul style="list-style-type: none"> • Not applicable

PSA follow up after Radical Prostatectomy

Criteria for Discharge	Primary Care follow up	Trigger for Re-referral
<ul style="list-style-type: none"> • PSA <0.1ng/mL • Asymptomatic 	<ul style="list-style-type: none"> • Low risk: six monthly PSA for five years then annually for five years • Intermediate/High risk: six monthly PSA for ten years 	<ul style="list-style-type: none"> • PSA ≥ 0.2ng/mL (for patients managed with ¹standard PSA test) • 2 consecutive rises above 0.02ng/mL (for patients managed with ¹super-sensitive PSA test) • Symptomatic

¹Costs: standard PSA = £6.29; super-sensitive PSA = £28.02. Source: NNUH Feb 2015

PSA follow up after Radical Radiotherapy/Brachytherapy

Criteria for Discharge	Primary Care follow up	Trigger for Re-referral
<ul style="list-style-type: none"> • PSA < 2ng/mL or stable PSA • Asymptomatic <p><i>Intermediate and high risk patients may remain under secondary care follow-up until off hormones</i></p>	<ul style="list-style-type: none"> • Six monthly PSA for five years • Annual PSA year 6 onwards <p><i>Intermediate and high risk patients may need extended adjuvant hormone treatment for up to three years as recommended on letter to GP</i></p>	<ul style="list-style-type: none"> • PSA > 2ng/mL above nadir (<i>the "nadir" is the lowest recorded PSA since diagnosis</i>) • Symptomatic (LUTS or rectal symptoms)

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PSA follow up for patients on Hormone Treatment

Criteria for Discharge	Primary Care follow up	Trigger for Re-referral
<ul style="list-style-type: none"> PSA <10ng/mL or stable PSA Asymptomatic 	<ul style="list-style-type: none"> Six monthly PSA 	<ul style="list-style-type: none"> *PSA >10ng/mL Symptomatic <p><i>*Unless PSA threshold for re-referral has been stated by the urologist</i></p> <p><i>If PSA rising, consider starting bicalutamide 50mg once daily in addition to LHRH analogues</i></p>

PSA follow up for patients on Watchful Waiting (in men >80 years of age or with a life expectancy of less than 10 years)

Criteria for Discharge	Primary Care Follow Up	Trigger for Referral to Urology
<ul style="list-style-type: none"> PSA <20ng/mL or stable PSA Asymptomatic 	<ul style="list-style-type: none"> Six monthly PSA for five years then annually if deemed appropriate 	<ul style="list-style-type: none"> *PSA >20ng/mL Symptomatic <p><i>*Unless PSA threshold for re-referral has been stated by the urologist</i></p>

Persistently raised PSA after normal biopsies (incl HGPIN) or with stable serial PSA

Men with a life expectancy of *greater* than 10 years

Criteria for Discharge	Primary Care follow up	Trigger for Re-referral
<ul style="list-style-type: none"> Normal biopsy with a stable PSA Asymptomatic 	<ul style="list-style-type: none"> Six monthly PSA 	<ul style="list-style-type: none"> Increase in PSA of 25% in 6 months or 50% in 12 months (i.e. a PSA doubling time of <2 years) 2 consecutive rises the PSA threshold for re-referral may be stated by the urologist

Men with a life expectancy of *less* than 10 years

Criteria for Discharge	Primary Care follow up	Trigger for Re-referral
<ul style="list-style-type: none"> Normal biopsy with a stable PSA Asymptomatic 	<ul style="list-style-type: none"> Six monthly PSA for five years Annual PSA year 6 onwards 	<ul style="list-style-type: none"> PSA >20ng/mL Symptomatic <p><i>If PSA > 20ng/ml at referral to GP, the PSA threshold for re-referral should be stated by the urologist</i></p>

THIS IS A GUIDELINE ONLY

INDIVIDUALISE YOUR FOLLOW-UP SCHEDULES ACCORDING TO EACH PATIENT'S CIRCUMSTANCES

As a patient ages or their co-morbidities change, their treatment group should be adjusted accordingly. For example, a patient who underwent a radical prostatectomy at the age of 69 years, who is found to have a PSA recurrence at age 81 years, would probably be best managed with watchful waiting.