



When should you refer a patient  
with a raised PSA to a urologist?

*Guidance for GPs*



BIRMINGHAM  
PROSTATE CLINIC

## When should you offer a PSA test?

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- For all symptomatic men over 40 years of age.
- Asymptomatic men over the age of 40 who request a PSA test should be counselled on the risks and benefits.
- An interval of two years before repeating the PSA test is reasonable, unless the patient is considered to be at risk, in which case the test should be repeated annually or every six months.
- At risk patients are those with first degree relative who has had prostate cancer and/or Afro-Caribbean patients.
- Preferably use same lab for each PSA test and exclude urinary tract infections.

## Indications for referral to urologist

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- PSA above age-related threshold.
- Rapidly rising PSA, especially if there are persistent abnormalities on repeat tests.
- Suspicious or difficult to assess prostate on digital rectal examination.
- Lower urinary tract symptoms 'LUTS'.
- Refer to age-related thresholds of your laboratory.

## Prostate cancer assessments at BPC

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The PSA is one of a number of indicative tests to assess risk of significant prostate cancer. At BPC, we use:

- Ultrasound measurement of prostate volume
- Ultrasensitive PSA
- The genetically based PCA3 test
- Enhanced MRI prostate mapping

*“The range of advanced diagnostic techniques we use at Birmingham Prostate Clinic allows us to safely identify clinically significant prostate cancer and avoid unnecessary biopsies and treatment.”*

Mr Alan Doherty, clinical director, Birmingham Prostate Clinic

## Case Study 1

|                           |  |
|---------------------------|--|
| Clinical history          | A 68-year-old asymptomatic gentleman presents to his GP as a 'worried well'. He has a benign feeling prostate and a PSA of 6.3ng/ml.   |
| Recommended action for GP | Refer to a urologist.  |
| Urologist action          | The patient's prostate is considered as feeling large and benign. Prostatic volume is measured with transrectal U/S (61cm <sup>3</sup> ). A PCA3 test is requested.  |
| Conclusion                | The PCA3 test is negative so PSA surveillance (initially six monthly) is recommended rather than prostate biopsy.  |
| Comments                  | A prostate volume of 61cm is compatible with a PSA of around 6ng/ml. A DRE examination is essential to exclude an aggressive form of cancer. A PCA3 test is a more accurate assessment of prostate cancer risk. A positive result indicates a 70 per cent or greater risk of significant prostate cancer and a negative result indicates a less than 50 per cent chance of prostate cancer. Combining all these factors together informs us that the patient has a very low risk of significant prostate cancer. |

The Prostate Cancer Advisory Group, setting out its vision for prostate cancer services over the next five years, states:

*"The PSA test will be seen as one of a number of indicative tests for risk of significant prostate cancer, used as part of a package of measures to help a man decide whether to undergo further investigation."*\*

## Case Study 2

### Clinical history

A 77-year-old gentleman declined biopsy in 2005 when his PSA was 12.9. On repeat testing two years later it is 15ng/ml.

### Recommended action for GP

Exclude bothersome LUTS, and symptoms of back pain. Feel the prostate to exclude locally advanced prostate cancer. If the prostate feels benign repeat the PSA in four months time, then six monthly. If PSA is stable, only refer to a urologist if the PSA goes above 20ng/ml. Reassure patient that the likelihood of aggressive prostate cancer is low.

### Comments

If the prostate feels benign and the patient does not have any symptoms, the patient does not need to have a biopsy. His PSA has risen but not dramatically. A PSA which rises at this rate in a patient of this age is unlikely to indicate aggressive cancer.

# The Birmingham Prostate Clinic

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The Birmingham Prostate Clinic is the largest private centre for urology in the West Midlands. Established in 2005, our large team of multi-disciplinary specialists provide assessment and treatment of all urological conditions.

## Our specialists

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### **Alan Doherty**

*Consultant Urologist*

- prostate diagnosis and PSA
- general urology & GreenLight Laser for BPH
- prostate cancer treatment

### **Nula Allen**

*Advanced Nurse Practitioner*

- prostate cancer
- nurse-led clinics
- patient support

### **Paul Anderson**

*Consultant Urologist*

- urethral surgery
- surgery for lichen sclerosis
- circumcision problems

### **Ahmed El-Modir**

*Consultant Oncologist*

- external beam radiotherapy
- chemotherapy for urological cancers
- prostate brachytherapy

### **Mike Foster**

*Consultant Urologist*

- general urology
- andrology and vasectomy reversal
- GreenLight Laser surgery for BPH

### **Ian McCafferty**

*Consultant Radiologist*

- minimally invasive urogenital radiology

### **John Parkin**

*Consultant Urologist*

- prostate cancer diagnosis and treatment
- general urology & GreenLight Laser for BPH
- ureteroscopy

# Birmingham Prostate Clinic centres

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## **Birmingham BMI Priory**

Specialists  
**Alan Doherty, John Parkin**

## **Solihull Spire Parkway**

Specialists  
**Alan Doherty, John Parkin**

## **Halesowen West Midlands Private Hospital**

Specialist  
**Paul Anderson**

## **Sutton Coldfield Spire Little Aston**

Specialist  
**Mike Foster**

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## Appointments and contact details

For appointments with Alan Doherty, Ahmed El-Modir, Paul Anderson and John Parkin contact:

Clinic co-ordinator  
**Zena Moll**

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Our website provides further extensive information about the services we provide, information for patients and up-to-date results.

[www.birminghamprostateclinic.co.uk](http://www.birminghamprostateclinic.co.uk)