

# PROSTATE CANCER

## THINK A-G

Supporting earlier & faster cancer diagnosis

### AGE-SPECIFIC PSA

- Consider testing PSA in men who present with lower urinary track symptoms, erectile dysfunction, or visible haematuria
- If PSA levels are above the threshold for their age, then refer on a suspected cancer pathway for further assessment
- Be aware that PSA may be normal even in the presence of prostate cancer and can be raised by conditions other than cancer
- In most cases men may have prostate cancer without any symptoms whatsoever



**A**



### BLACK MEN

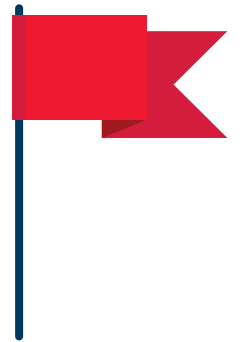
Be aware that the incidence of prostate cancer is higher in black males; 1 in 4 will get prostate cancer and these men are less likely to receive radical treatment.

**B**

**C**

### CHECK RED FLAG SYMPTOMS

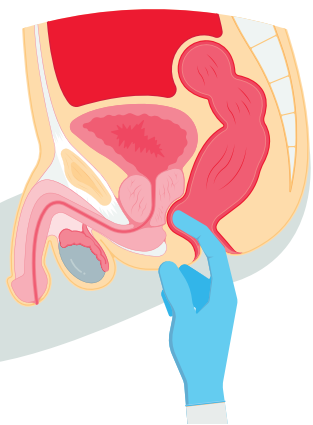
Check for symptoms of metastatic disease, such as: sudden onset urinary or faecal incontinence, saddle anaesthesia, weakness or numbness in the lower limbs, and new onset gait disturbance. These symptoms suggest metastatic cord compression.



**D**

### DRE

- Perform a DRE in all men who present with lower urinary track symptoms, erectile dysfunction, or visible haematuria
- If the prostate feels irregular, craggy, or hard on examination, refer on a suspected cancer pathway, regardless of PSA level



**E**

### EXCLUDE UTIS

- Be aware that UTIs, as well as prostatitis, BPH, recent catheterisation/urological procedures and recent ejaculation can all raise PSA levels, causing a false positive result
- Re-test PSA 6 weeks after treating any underlying UTI



**F**

### FAMILY HISTORY

- A family history of prostate cancer increases risk and should always be checked
- Be aware that prostate cancer is also linked to BRCA genes, and so it is important to also ask about family history of breast, ovarian and colorectal cancer



**G**

### GREATER MANCHESTER REFERRAL PROFORMA

- Please refer all patients using the Greater Manchester form
- Ensure the patient understands the reason for referral
- Include frailty information as this helps direct patients to the most appropriate investigation or assessment

### REFERRAL PROCESS FOR GREATER MCR PSA

- DRE findings
- Family history
- Comorbidities/performance score