

Patient information

Prostate Specific Antigen P.S.A. Test

Urology Department – Royal Liverpool Hospital

Prostate cancer is a serious condition. The PSA test, which can give an early indication that prostate cancer may be present, is now available to men who wish to be tested. However, experts disagree on the usefulness of the PSA test. It is not yet known whether or not PSA testing will save lives from prostate cancer. The aim of this information sheet is to give you balanced information about the PSA test, which we hope will help you decide whether or not having the test is the right thing for you.

What do we know about Prostate Cancer?

Prostate cancer is the second most common cause of cancer deaths in men. Each year in the UK about 22,000 men are diagnosed with prostate cancer and 9,500 die from the disease. Prostate cancer is rare in men below the age of 50 years, and the average age of diagnosis is 75 years.

The risk is greater in those with a family history and is also known to be greater in African American men. Prostate cancer is also more common in the West, suggesting that there may be a link with western lifestyle factors, such as diet.

The prostate gland lies below the bladder. Prostate cancers range from very fast growing cancers to slow growing cancers. Slow growing cancers are common and may not cause any symptoms or shorten life.

What is a PSA test?

The PSA test is a blood test that measures the level of PSA in your blood. PSA (Prostate Specific Antigen) is a substance made by the prostate gland, which naturally leaks out into the blood stream. A raised PSA can be an early indication of prostate cancer. However, other conditions which are not cancer (e.g. enlargement of the prostate, prostatitis, urinary infection) can also cause a rise in PSA.

Approximately two out of three men with a raised PSA level will not have prostate cancer. The higher the level of PSA the more likely it is to be cancer.

The PSA test can also miss prostate cancer.

When can the PSA test be used?

- As part of a check-up if you have problems passing urine, such as getting up regularly at night or if your urine stream is reduced.
- As part of the assessment for men with a family history of prostate cancer.
- To check how well prostate cancer is responding to treatment.
- If a man requests it.

What should I consider before having a PSA Test?

It is important to get information before you have a PSA test so that you are aware of what the results might mean, and what the next steps might involve. The following points may help you make your decision with your doctor.

- A low PSA does not completely rule out prostate cancer.
- A high PSA does not always mean prostate cancer but suggests a higher risk – the higher the PSA the higher the risk.
- If you have a high PSA, you will probably need a biopsy to see if cancer is present, and sometimes the biopsy may need to be repeated. There are possible complications related to biopsies including bleeding and infections.
- Approximately two out of three patients who have a prostate biopsy will not have prostate cancer.
- If the biopsy shows cancer you will have to make decisions with the advice of your doctor about what treatment you have. Treatments include careful observation, surgery, radiotherapy or hormone medication.
- There is no proof that using PSA to screen all men for prostate cancer is going to save more lives, and it may adversely affect quality of life for men who go on to have treatment.
- An older man with a prostate cancer is more likely to die of other causes than from the cancer.
- Men with a strong family history of prostate cancer have a higher risk than men without a family history.

What will happen if the PSA is raised?

If the PSA is raised you will be offered either to have a repeat test after a period of time or a prostate biopsy.

What will happen if the PSA is normal?

If the PSA is within the normal range and the prostate feels normal on examination then you have a low risk of prostate cancer at that point in time. You will then have to decide if you wish to have yearly PSA and examinations to help exclude prostate cancer in the future.

May I be recommended to have repeated PSA tests?

A single PSA test may not give enough information with regard to your likelihood of having prostate cancer. You may be recommended to have a further PSA test:

- **If the result of the first test was abnormal**

It is very important that you realise an abnormal PSA does not necessarily mean you have prostate cancer, there are many other reasons why your PSA could be elevated. This could be due to benign prostatic enlargement, prostatitis or urinary infection. A follow-up test can help with diagnosis – if the PSA is higher than before more tests may be required.

- If you had a raised PSA and a prostate biopsy but the biopsy showed no cancer

In this situation it may be suggested that you have further PSA tests over a period of years to see if the PSA continues to rise in which case you would probably be offered a further biopsy.

- If you are being treated for prostate cancer

PSA tests can be used to check up on how the treatment is working. It can also be used to check if the cancer is spreading and whether treatment should be reviewed.

- **If you have prostate cancer which does not require treatment**

Not all men need or require treatment for early prostate cancer, especially if they are approaching 70 years or above. However follow up PSA tests can be used to keep check on the disease.

So should I have the PSA test?

Benefits of PSA Testing	Downside of PSA Testing
It may provide reassurance if the test result is normal.	It can miss cancer and provide false reassurance.
It may find cancer before symptoms develop.	It may lead to unnecessary anxiety and medical tests when no cancer is present.
It may detect cancer at an early stage when treatments could be beneficial.	It might detect slow-growing cancer that may never cause any symptoms or shortened life span.
If treatment is successful the consequences of more advanced cancer is avoided.	The main treatments of prostate cancer have significant side-effects, and there is no certainty that the treatment will be successful.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

If you have accessed this patient information leaflet via a QR code, can you please take the time to complete a short questionnaire by clicking [here](#).

Further information

For queries about your appointment, contact the hospital you have been referred to

Royal Liverpool Hospital

Urology Department

Tel: 0151 282 6877/6788

Text phone number: 18001 0151 282 6877/6788

Aintree Hospital

Patient Appointment Centre

Tel: 0151 529 4550

Text phone number: 18001 529 4550

If you have any questions or wish to receive more information about PSA testing and prostate cancer you can discuss it further with your consultant or doctor, or look at one of the following sources of information:

- **Cancer Hub**

Royal Liverpool Hospital

Tel: 0151 282 6818

Text phone Number: 18001 0151 282 6818

- **Urology Cancer Specialist Nurses**

Royal Liverpool Hospital

Urology Cancer Specialist Nurses

Tel: 0151 282 6800

Text phone number: 18001 0151 282 6800

Aintree Hospital

Urology Cancer Specialist Nurses

Tel: 0151 529 3484

Text phone Number: 18001 0151 529 3484

Useful web-sites on prostate cancer and PSA testing:

<http://www.nelc.org.uk>

<http://www.cancerscreening.nhs.uk>

<http://www.dipex.org>

Booklet: Understanding the PSA Test

Macmillan Cancer Support

Freephone: 0808 808 0000

Internet:<http://www.macmillan.org.uk/Cancerinformation/Testsscreening/ThePSAtest/ThePSAte>

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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