

WHAT YOU NEED TO KNOW ABOUT YOUR PROSTATE

READ THIS – IT COULD SAVE YOUR LIFE!

Q: What is the prostate?

A gland the size of a walnut that sits just under the bladder and encircles the tube (“urethra”) that carries urine into the penis. It makes much of the fluid (“semen”) that helps sperm swim and fertilise female eggs.

Q: Why do I need to know about the prostate gland?

Because in most men it grows during middle and older age and blocks the urethra, causing difficulty passing urine and loss of bladder control. This can be controlled or cured easily with drugs or fairly simple surgery.

Worse though is that it is the commonest cancer in UK men: 47,000 new cases registered each year and second commonest cancer killer at 11,000 deaths each year.

Q: Am I at risk of prostate cancer (PCa)?

The UK lifetime risk of developing PCa is about 1 in 8 for a white Caucasian man with a 3-4% risk of dying from it. However, for certain men within our population, that risk can more than double and, in our opinion, fully warrants proactive attempts to identify, forewarn and screen the men at risk. This applies most to black African or African Caribbean men who carry a 1 in 4 racially determined lifetime risk and to any man who has a family history of PCa or breast cancer on his mother’s side.

Q: Can I reduce my risk of death from prostate cancer?

There is some evidence that a healthy Mediterranean style diet and avoidance of obesity may reduce your risk.

The best way to reduce risk is to be in a regular PCa Screening Programme. This has been shown to reduce the risk by up to 40-50%. In other words, to halve the risk.

ref: European Urology, 2014, 65:329-36

Q: How is screening for prostate cancer done?

By a simple blood test called PSA (Prostate Specific Antigen). If the test result and a repeat result are above the normal limit for your age, you should be referred to a specialist urologist for MRI scans of your prostate and possible biopsies (samples) from the prostate.

Q: When should I start prostate cancer screening?

The NHS recommend from age 50.

We recommend from age 40 for men outlined above who are at increased risk of PCa.

There is evidence to suggest that having a PSA test in one’s forties helps to identify future risk.

ref: Trends in Urology & Men’s Health, 2015, 6:33-36

Q: When should I stop prostate cancer screening?

The NHS recommend at age 75 on the basis that there is no trial evidence to show that screening saves lives beyond this age. However, many guidelines are more subtle and don’t set an upper limit. We support their recommendation that it is of no value to men who have less than 10 years’ life expectancy left.

Q: Does a raised PSA mean I have cancer?

No. Most men have a raised PSA for harmless reasons such as benign enlargement or inflammation in the prostate. However, 1 in 3 men will have PCa present.

Q: How reliable is screening?

Roughly speaking we will detect 2 out of 3 cancers fairly easily but in some men we fail initially to locate PCa leading to further PSA tests, scans and biopsies, inevitably causing much anxiety.

Q: What happens if a cancer is found?

The objective of screening is to find PCa at an early stage whilst it is still entirely inside the prostate. It can then be watched carefully (see below) or treated with surgery or radiotherapy with about a 90% chance of complete cure and a normal lifespan.

Q: Why would you only “watch” a prostate cancer?

At least a third of prostate cancers are not dangerous and would never kill you. As such they only require careful surveillance to ensure they are not progressing and need active treatment. Unnecessary “overtreatment” of non-aggressive PCa has been a major problem in the past but recent studies have proved that “active surveillance” is a safe strategy that avoids overtreatment.

ref: [New England Journal of Medicine, 2016; 375:1415-1424](#)

Q: Why is there no UK national screening programme for PCa?

It has been argued that a screening process reliant on PSA is not accurate enough and that many screen-detected PCas are non-aggressive and not dangerous yet have been subjected to radical treatment with its considerable risks of impotence, incontinence and bowel disturbance.

We believe these arguments have now been outdated by modern UK screening practice and that the benefit of a 40-50% reduction in death from PCa outweighs the previous disadvantage.

Normal PSA Values

Age-related referral values for total PSA levels as used by a number of leading hospitals

Age range	Green – Normal	Amber – Alert	Red – Abnormal
Under 50	Less than 2.0	2.0 – 3.0	Over 3.0
Under 60	Less than 3.0	3.0 – 4.0	Over 4.0
Under 70	Less than 4.0	4.0 – 5.0	Over 5.0
70 and over	Less than 5.0	5.0 – 6.0	Over 6.0

It should be noted that the levels used above are slightly higher than those recommended by the Department of Health (DoH), but slightly lower than those recommended by the British Association of Urological Surgeons (BAUS).

For DoH levels visit: www.cancerscreening.nhs.uk/prostate/prostate-booklet-text.pdf. For BAUS levels visit: www.baus.org.uk

Q: Who should be screened?

We recommend it for men aged 40 plus and with at least 10 years of natural life expectancy.

All black men and those with a family history, especially if the family member(s) has been afflicted before the age of 70.

NB: From age 50 it is your right to have an NHS PSA, preferably after discussion with your GP.

ref: [Prostate Cancer Risk Management Programme: Public Health England, March 2016](#)

Q: How often should I have a PSA test?

If your initial PSA is below 1ng/ml, once every 5 years.

If your PSA is above the 50% level of your normal PSA age-related range, every 1 to 2 years, depending on how close it is to the upper limit of normal for your age.

Q: Does a rising PSA mean I have cancer?

No. PSA rises gradually with age but so long as it remains within the age-adjusted normal range, there should be no cause for worry.

However, if it rises by more than 0.5ng/ml/year, we recommend a specialist opinion.

ref: [British Journal of Urology International, 2011; 108:44-48](#)

