

## PSA Testing and Early Management of Test-Detected Prostate Cancer

### Clinical Practice Guidelines Q&A

#### 1. Why do we need the guidelines?

There is a lack of consensus amongst health professional bodies on what advice to offer a man who requests a PSA test or his doctor. This causes widespread confusion to men, their partners and families, and their health advisers.

Specifically, there is no commonly accepted guidance

- On who should be tested for prostate cancer, at what ages and how frequently
- For men in high-risk groups, particularly men with a family history of the disease
- On what represents a positive test result and the actions that should follow from a positive result.

Importantly, there is indirect evidence that decisions about what represents a positive test result are highly variable.

Notwithstanding the confusion, every year about 20% of Australian men aged 45 to 74 have a PSA test. There is evidence that many men are undergoing PSA testing with inappropriate frequency and that men in certain groups who should be excluded from testing on the basis of previous PSA test results, medical co-morbidity and/ or limited life expectancy are still being tested.

#### 3. How were the guidelines developed?

The draft guidelines were developed by a multi-disciplinary Expert Advisory Panel and are based on a systematic review of the latest available scientific and medical evidence. They contain evidence-based recommendations, consensus-based recommendations and practice points.

The Expert Advisory Panel included general practitioners, public health experts, urologists, radiation oncologists, pathologists, allied health professionals and consumer representatives. The guidelines are supported by Prostate Cancer Foundation of Australia and Cancer Council Australia.

The recommendations in the guidelines were approved by the CEO of the National Health and Medical Research Council on 2 November 2015.

#### 4. Why don't the guidelines propose a population-based PSA screening program?

There is agreement amongst health professional bodies, including Prostate Cancer Foundation of Australia, that the evidence to support a population-based PSA screening program for prostate cancer.

**5. Why do the guidelines recommend that men considering whether or not to have a PSA test are offered evidence-based decision aids?** There is no perfect test for early prostate cancer, so it is difficult for men to choose whether or not to have a PSA test. Doctors should fully explain the possible risks and benefits. They should use materials designed to help men make this decision (e.g.

booklets, charts, computer programs or internet). These decision aids can improve men's knowledge about how testing may or may not help them, reduce their distress in making the decision, and improve their satisfaction with their decision.

#### **6. Why do the guidelines recommend testing every two years from age 50 to 69?**

For men aged 50 to 69 years without symptoms of prostate cancer the risk of dying from prostate cancer can be reduced by PSA testing every two years. There is insufficient evidence from medical research to judge whether men over 70 may benefit from testing or not.

#### **7. What recommendations do the guidelines make for men with a family history of prostate cancer?**

Men with a first-degree relative (father or brother) diagnosed with prostate cancer are at approximately double the risk of being diagnosed with prostate cancer than men without this family history. For men with a higher risk of prostate cancer, including a strong family history of prostate cancer, it may be better to start regular testing earlier.

#### **8. Why do the guidelines recommend against Digital Rectal Examination as a routine test by GPs?**

Doing a DRE at the same time as a PSA test does not greatly increase the chance of finding prostate cancer, but can result in more men having biopsies when they do not have cancer. Because of this, DRE is no longer recommended as a routine test by GPs for men who do not have symptoms of prostate cancer.

Although DRE is not recommended as a routine test for men who, after advice, wish to be tested for the presence of prostate cancer, it still has an important role in assessing the prostate prior to biopsy in a specialist setting.

#### **9. Why do the guidelines recommend that testing should not be offered to men who are unlikely to live another 7 years?**

Men who are unlikely to live another 7 years (e.g. because they are elderly, or already have another illness) should not be offered a PSA test, because the chance of having unnecessary medical procedures is likely greater than the chance of avoiding death from prostate cancer.

#### **10. What do the guidelines recommend if the PSA test is higher than normal?**

Men whose PSA test is higher than normal should be offered a repeat test. Different types of PSA in a man's blood ('free' PSA and 'bound' PSA) can be measured to provide more information, and changes in a man's PSA result over time can also be analysed in different ways. In some circumstances, a man's doctor should ask the pathology laboratory to measure the ratio of free PSA to total PSA in the blood sample (free-to-total PSA). This includes men whose PSA test result is only a little higher than normal, and men whose PSA test result is 'normal' but have a high risk of prostate cancer (e.g. those with a strong family history of prostate cancer).

When the result of a man's PSA tests suggest the possibility that he has prostate cancer, he should be offered a core biopsy. A total of between 21 and 24 cores should be taken from different areas within the prostate. Taking 24 cores increases the chance of finding prostate cancer, compared with 12 or 6 cores, which were the usual numbers in the past.

If a man's first core biopsy does not find any prostate cancer, there is still a chance he could have prostate cancer or develop prostate cancer. He should consider having check-ups, which usually

involves regular PSA testing and digital rectal examination. Follow-up is especially important if the biopsy showed abnormalities, even if cancer itself was not found.

If prostate cancer is suspected (e.g. because symptoms develop or the prostate feels abnormal on digital rectal examination), imaging tests should be considered to find which area of the prostate looks abnormal. Imaging can include multiparametric magnetic resonance imaging (a specialised type of MRI that is available in some specialist centres).