

Counselling Patients on the PSA Blood Test

Pros and Cons

- Since the 2019 NICE guidance update, the prostate cancer pathway changed to make it safer and more accurate. This update has shifted the balance of pros and cons of the PSA blood test.
- The below list outlines the harms and benefits of the current diagnostic pathway. It is a guide for healthcare professionals to discuss with patients considering the PSA blood test, to support them with making an informed choice.
- The list is intended as a broad overview of the associated benefits and drawbacks of the test and should be considered in conjunction with the patient's individual circumstances and wishes.

| PROS | CONS |
|---|--|
| The PSA blood test helps pick up prostate cancer before there are any symptoms. Black men, men over 50 and men with a family history can especially benefit from PSA blood testing, as they are at increased risk of prostate cancer. | The individual benefits of a PSA blood test will be different for each patient. This is because some patients will have more risk factors than others or will have pre-existing health conditions. Information or counselling on the PSA blood test should explain this. (Your patient can check their risk in 30 seconds here .) |
| It can pick up a fast-growing cancer at an early stage, when treatments are more effective. The risk of overdiagnosis has greatly decreased with MRI-guided biopsy. | If your patient requires a biopsy , this can cause side effects such as pain and infection. No biopsy is without risk. However, with mpMRI in the pathway, some patients will be discharged without a biopsy. |
| Since the 2019 NICE guidance update, the prostate cancer pathway changed to make it safer and more accurate. Updates to the pathway mean that any necessary subsequent tests can be less invasive. Our research shows that the increased practice of MRI-guided biopsy, such as transperineal (TP), over transrectal ultrasound-guided (TRUS) biopsy has significantly reduced risk of sepsis from 1% to 0.07%. Our research also suggests that the reduction in real world data is even greater, reducing it to only 0.02%. | The PSA level might be raised, even if there is no prostate cancer. 3 out of 4 men with a PSA level ≥ 3.0 ng/mL will NOT have prostate cancer. However, our research shows that with mpMRI in the risk stratified pathway the number of men having an unnecessary biopsy (i.e. a biopsy that showed no cancer) fell by 64%. |
| Most patients with low-risk, localised prostate cancer now have their cancer carefully monitored instead, and only have treatment if the cancer starts to grow. | The test could also pick up slow-growing prostate cancer that is unlikely to cause any problems, causing possible worry and overtreatment. |
| The PSA blood test is the first step in the prostate cancer diagnostic pathway. It is a cheap, safe and effective way of identifying patients who would benefit from further testing – in the first instance an MRI scan. | It is possible for the PSA blood test to miss prostate cancer. Studies show that 1 in 50 men with a normal PSA level may have a fast-growing cancer. |
| A baseline PSA blood test might be useful to establish future risk of prostate cancer. Regular PSA blood tests for high-risk patients can spot trends in PSA levels. | There is still not enough known about baseline thresholds for PSA to accurately indicate future increased risk. Age-specific PSA thresholds for symptomatic men have been published by NICE . |

