

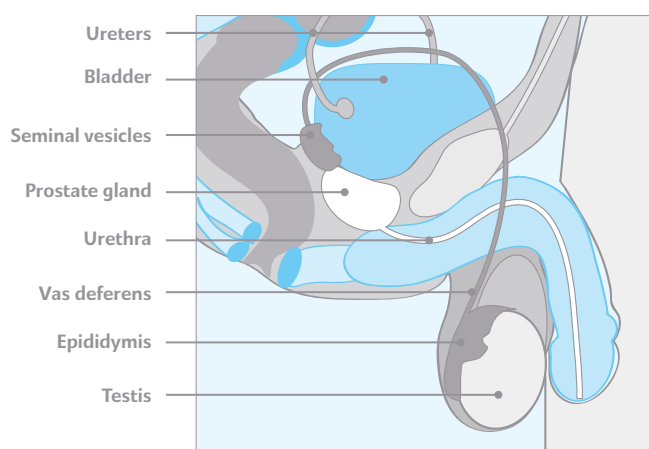
Important information for men about PSA testing

What is PSA testing?

Prostate specific antigen (PSA) testing measures a substance secreted exclusively by the prostate gland in all men. It is secreted in greater than normal amounts in some prostatic conditions. PSA testing is used to help doctors detect prostate cancer early in its development, but it is not a test specifically for cancer. It can also highlight a number of other prostatic conditions such as inflammation and benign enlargement of the gland.

The prostate gland

The prostate gland is found only in men and sits just below the bladder (see diagram below). It is about the size and shape of a walnut. The urethra, the tube through which the urine leaves the body, runs through the middle of it.



Cross-sectional diagram of male genitalia

Facts about prostatic cancer

Prostatic cancer is an abnormal growth of cells in the prostate and is a common form of cancer in men.

It becomes more common as men grow older. In elderly men prostatic cancer usually grows slowly and may never cause any problems, but in some men, the cancer can grow rapidly and spread to other parts of the body. Overall, around three percent of all men die of the disease, but early detection of cancer is potentially important in order to increase the likelihood of successful treatment.

Your PSA test with Bupa

We will offer this test to all aged 50 and over, and also to those aged 45 and over if there is a strong family history of prostate cancer.

Except in the above circumstances, below the age of 50, prostate cancer is uncommon and the significance of a raised PSA level less certain.

A PSA test is straightforward, but you should be aware of the issues associated with the test before you decide whether or not to go ahead with it.

After reading this leaflet, if you have further questions about the test or its implications, you should raise them with your health assessment doctor during your consultation.

If you agree to proceed with the test, it will be carried out on a routine blood sample that is taken as part of your health assessment and will be sent away to a Bupa laboratory. The results will be sent to you within two weeks.

What PSA testing reveals about your prostate

PSA testing is currently the best single test for the early detection of prostatic cancer. A normal PSA level for your age indicates a low risk of prostatic cancer, but does not exclude the disease.

A number of factors may influence a PSA result.

These include:

- recent prostatic biopsy
- sexual intercourse within 48 hours
- certain medicines eg Proscar
- herbal remedies such as Saw Palmetto
- urinary infection or inflammation in prostate (prostatitis)
- recent prostatic surgery or removal of the testis.

(Please note a normal routine digital rectal examination does not increase PSA levels.)



Another common condition in men over 50 that may be highlighted by a moderately raised PSA level is an enlarged prostate, known as benign prostatic hyperplasia or BPH.

Symptoms of BPH include:

- difficulty in starting to pass urine
- frequent urination
- having a strong urge to urinate but producing only a weak flow
- feeling of incomplete bladder emptying
- being awakened frequently during the night by the need to urinate

While a high PSA level does not necessarily mean that there is prostatic cancer, the higher your PSA level the greater the chance of the presence of cancer.

What are the issues associated with PSA testing?

Of all prostatic cancers detected only about 75 percent have a raised PSA level. It is possible therefore to have prostatic cancer and still receive a 'normal' PSA result. Taking reassurance from the normal PSA level that you do not have prostatic cancer could later prove to be unwarranted and treatment may subsequently be needed.

One of the disadvantages of testing is that in the absence of a significant prostatic condition some men will still have a raised PSA level. This may lead to further investigations, which if they reveal that no prostatic cancer is present, will have been deemed unnecessary.

Additionally, there may be unnecessary anxiety about prostatic cancer and its treatment.

There is at present no definite proof that PSA testing (and appropriate treatment when necessary) actually reduces the death rate from prostate cancer, although studies are now under way to investigate this.

Assessing your Bupa PSA result

Your Bupa PSA level will be compared with 'normal' values for men in your age group (see table below)

Age	Total PSA range
40-49	0 -2.5ug/l
50-59	0 -3.5ug/l
60-69	0- 5ug/l
70-79	0- 6ug/l

Bupa undertakes a measure of free to total PSA ratio. In cases of a mildly elevated test, this can help your doctor decide on further management options.

As a rough guide, the average man older than 50 years, with a PSA level above 4.0 ug/l has about a 20 to 30 percent chance of having prostatic cancer. If the PSA is greater than 10 ug/l the probability of cancer rises to more than 50 percent.

What happens when your prostate specific antigen is high?

If your Bupa PSA result is higher than normal for your age group, we will suggest that you discuss the result with your GP or a specialist to decide whether further investigations are needed into the cause of the raised PSA level.

Normally, investigations include an ultrasound test of the prostate gland, and a biopsy of the prostate gland taking several small samples of tissue (usually between six and 10) using a special needle under local anaesthetic. It is still possible to have a negative prostate biopsy and yet still have prostate cancer. As a result, further biopsies and monitoring may also be required for some time afterwards.

Medical investigations always carry the risk of further complications and the most common risk complications of having a rectal prostatic biopsy are bleeding and infection. The risk of the latter is minimised by antibiotics. The results of these tests are usually available in a few days, and further investigations and treatment can then be arranged. If prostatic cancer is found then treatment options may include surgery, radiotherapy or possibly hormonal treatment.

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