GP session – Jan 2015

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Management of PSA/Prostate related symptoms

PSA : Prostate-related symptoms

- PSA
- PSA >6.5 with metastatic symptoms
- PSA > 20
- PSA – when serum level is above age specific range in absence of UTI
- 40-49, <2.5 : 50-59, <3.5, 60-69, <4.5 : 70-79, <6.5

- Lower urinary tract symptoms

Prostate cancer

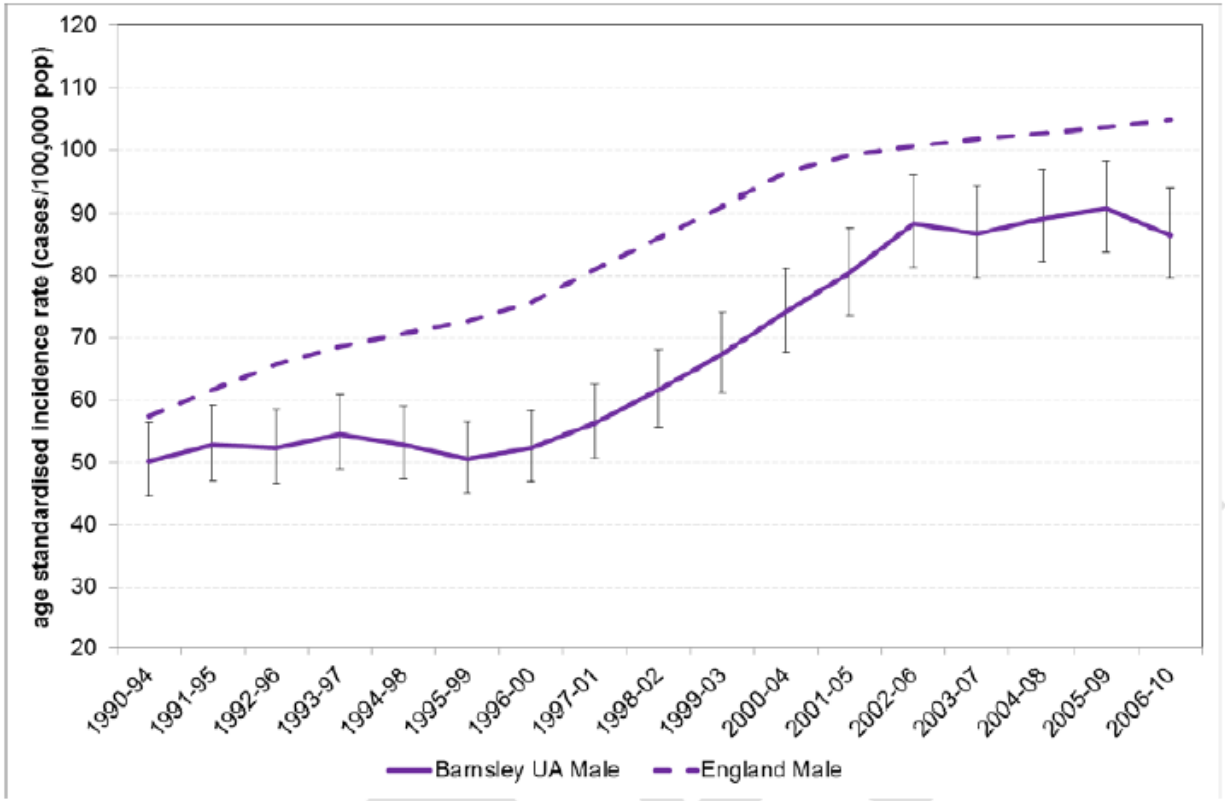
- Common cancer, 35,000 new diagnoses per yr (UK)
- Very uncommon in <50 yr men (with no FH)
- Very common in men >80yr
- Increased risk with in Afro-Carribean men
- Increased risk with family history

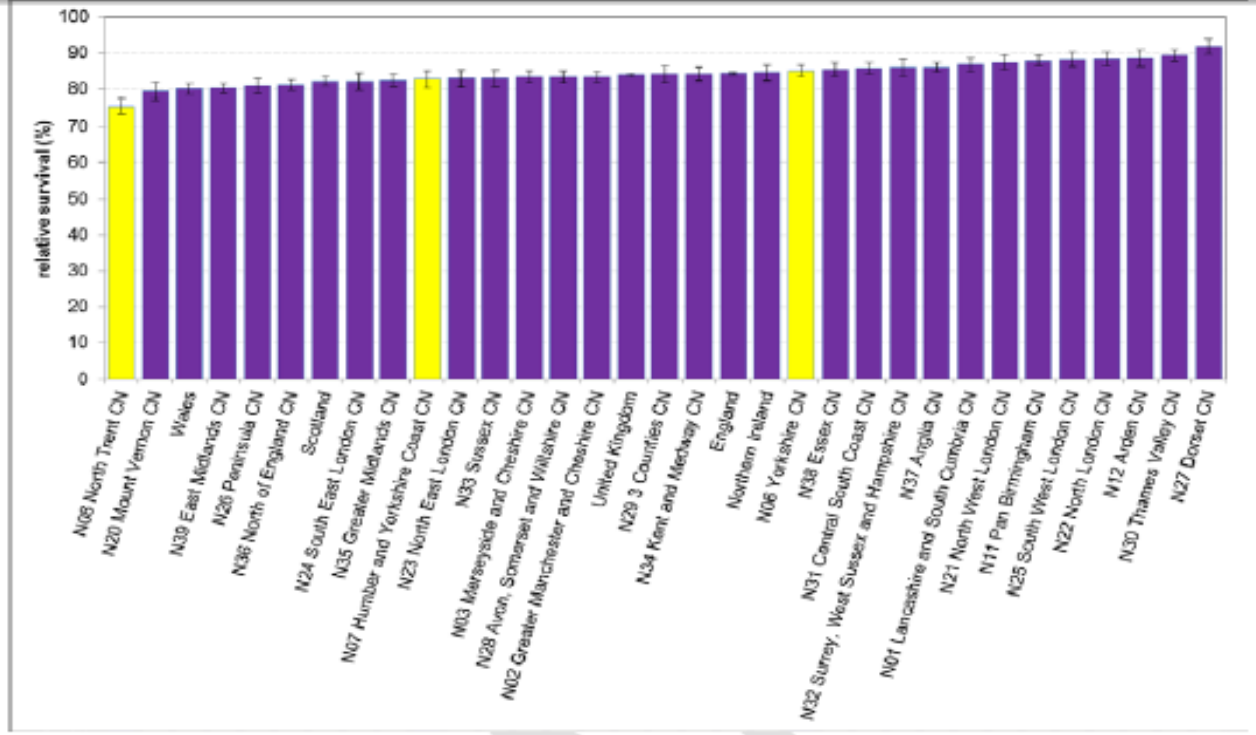
- Comparable to local PCT's we have high mortality

1 Incidence

1.1 Barnsley Health & Wellbeing Board

1.1.1 Barnsley LA




relative survival (%)
100
90
80
70
60
50
40
30
20
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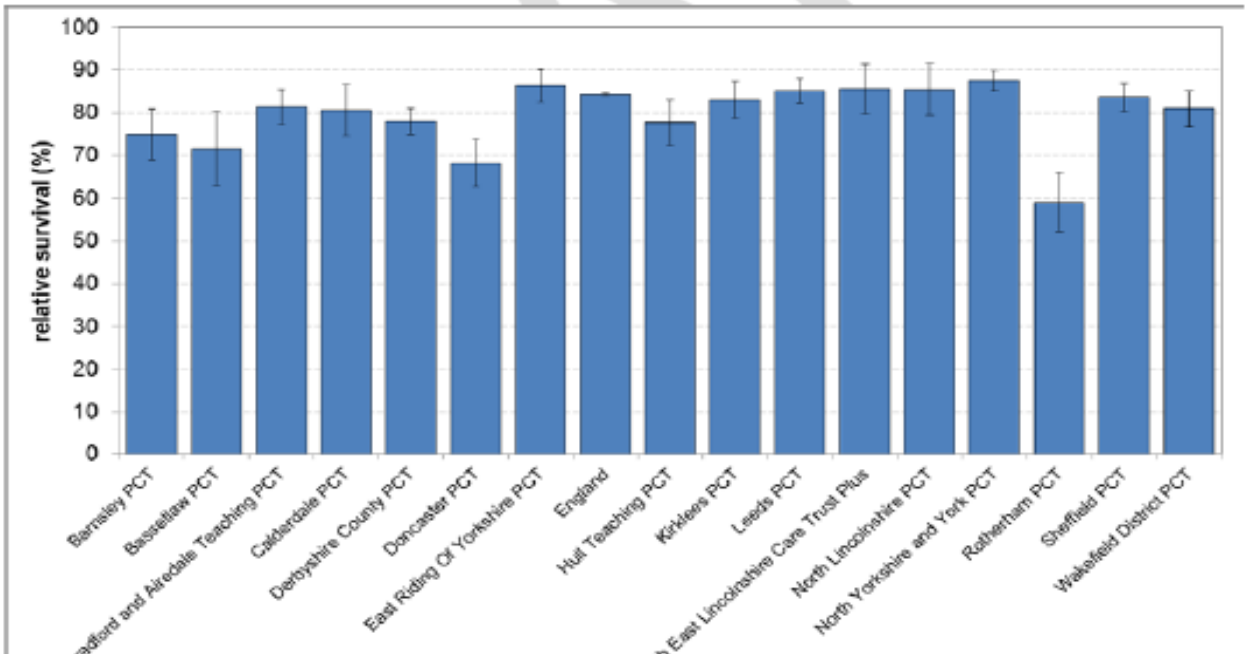
0
N08 North Trent CN
N20 Mount Vernon CN
Wales
N39 East Midlands CN
N26 Peninsula CN
N36 North of England CN
Scotland
N24 South East London CN
N35 Greater Midlands CN
N07 Humber and Yorkshire Coast CN
N23 North East London CN
N33 Sussex CN
N03 Merseyside and Cheshire CN
N28 Avon, Somerset and Wiltshire CN
N02 Greater Manchester and Cheshire CN
United Kingdom
N29 3 Counties CN
N34 Kent and Medway CN
England
Northern Ireland
N06 Yorkshire CN
N38 Essex CN
N31 Central South Coast CN
N32 Surrey, West Sussex and Hampshire CN
N37 Anglia CN
N01 Lancashire and South Cumbria CN
N21 North West London CN
N11 Pan Birmingham CN
N25 South West London CN
N22 North London CN
N12 Arden CN
N30 Thames Valley CN
N27 Dorset CN


relative survival (%)
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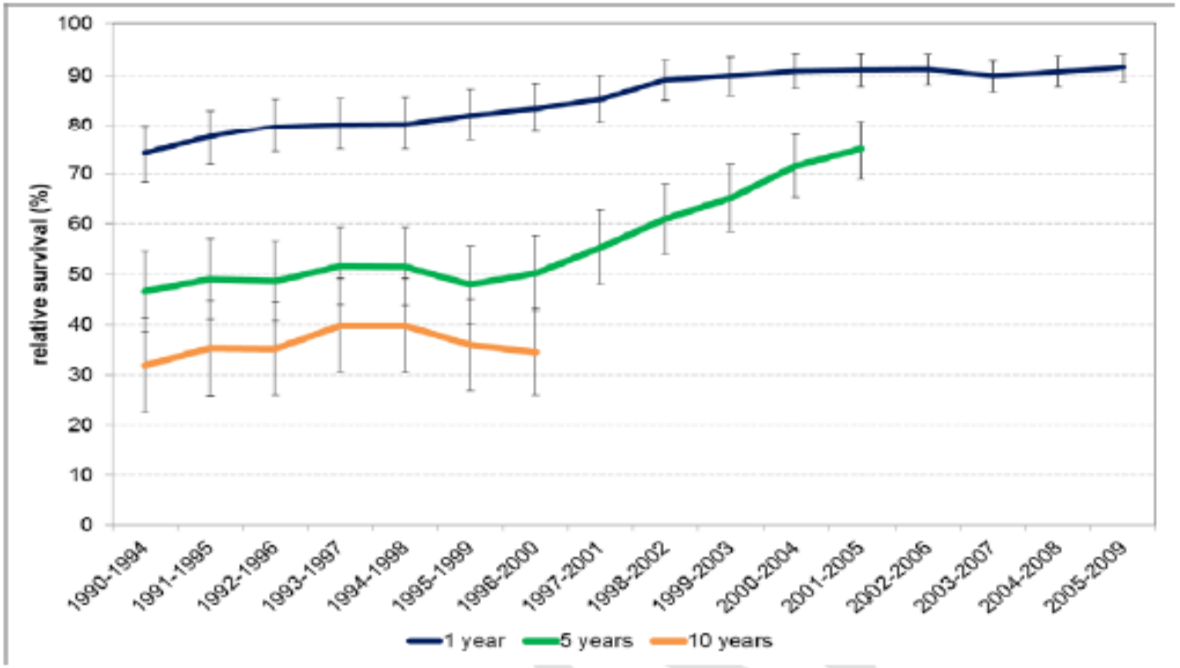
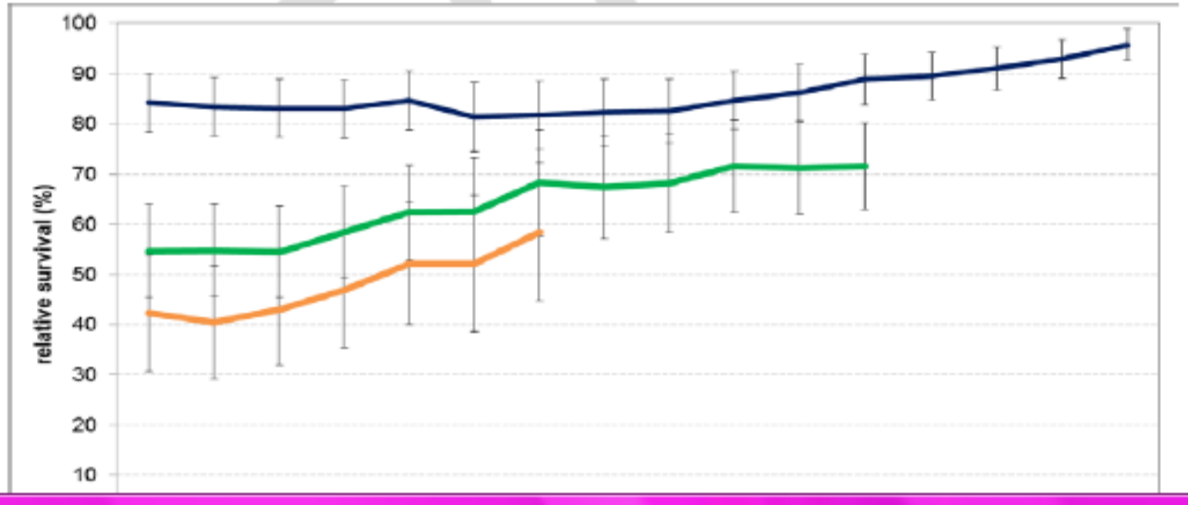
Barnsley PCT
Bassetlaw PCT
Bradford and Airedale Teaching PCT
Calderdale PCT
Derbyshire County PCT
Doncaster PCT
East Riding Of Yorkshire PCT
England
Hull Teaching PCT
Kirklees PCT
Leeds PCT
North East Lincolnshire Care Trust Plus
North Lincolnshire PCT
North Yorkshire and York PCT
Rotherham PCT
Sheffield PCT
Wakefield District PCT

7.6 1, 5 and 10 year survival by PCT

7.6.1 Barnsley PCT



7.6.2 Bassetlaw PCT

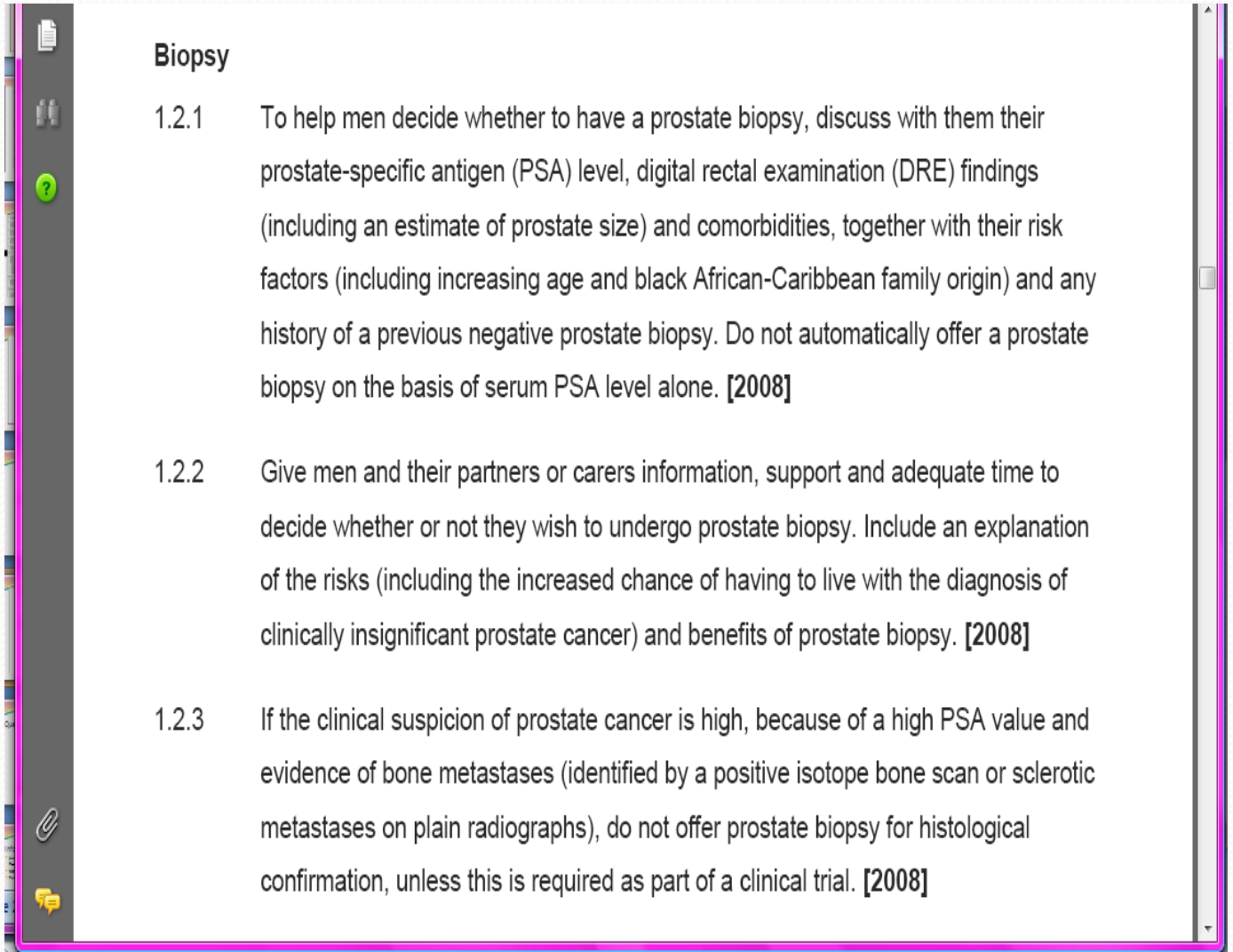


Counselling. Decision to test.

- No evidence to screen general male population

- Screen those with Family history, Afro-Caribean men (50-70)
- BAUS advise consider PSA test in urologically symptomatic men
- Asymptomatic men offer counselling, but no general offer to test
- Vast difference in No's of PSA testing per GP

PSA Clinic – NICE 2014



Biopsy

1.2.1 To help men decide whether to have a prostate biopsy, discuss with them their prostate-specific antigen (PSA) level, digital rectal examination (DRE) findings (including an estimate of prostate size) and comorbidities, together with their risk factors (including increasing age and black African-Caribbean family origin) and any history of a previous negative prostate biopsy. Do not automatically offer a prostate biopsy on the basis of serum PSA level alone. **[2008]**

1.2.2 Give men and their partners or carers information, support and adequate time to decide whether or not they wish to undergo prostate biopsy. Include an explanation of the risks (including the increased chance of having to live with the diagnosis of clinically insignificant prostate cancer) and benefits of prostate biopsy. **[2008]**

1.2.3 If the clinical suspicion of prostate cancer is high, because of a high PSA value and evidence of bone metastases (identified by a positive isotope bone scan or sclerotic metastases on plain radiographs), do not offer prostate biopsy for histological confirmation, unless this is required as part of a clinical trial. **[2008]**

PSA testing: avoid -

- Active UTI, postpone PSA for 1 month
- Ejaculation in previous 48 hours
- Heavy exercise in last 48 hours
- Lower GI endoscopy, previous prostate biopsy in last 6 weeks
- Vigorous DRE in last week

- Patient who is not aware that TRUS biopsy to follow and difficult treatment decisions if positive

Facts:

- 2/3 of men with raised PSA will not have cancer
- A normal PSA level does not exclude cancer
- If PSA persistently raised after first negative biopsy then advice will be a second biopsy
- True screening TRUS & biopsy will need x2 TRUS
- Increasing evidence of diagnostic MRI scanning

- If localised prostate cancer found then treatment decisions include: active surveillance, surgery, DXT.

Should I have a PSA test-benefits

- Reassurance if test is normal
- May find cancer before symptoms occur
- Earlier found cancer maybe low stage and allow curative treatments
- If treatments successful then may avoid symptoms and possibly death
- Even if cancer is advanced then treatment may extend life

Limitations

- Can miss cancer and provide false reassurance
- May lead to unnecessary worry and further medical tests when no cancer present
- Will struggle to tell difference between slow-growing and aggressive cancers
- May make you worried about slow growing cancer that may never cause symptoms or shorten life
- 48 men will need to undergo treatment in order to save one life

Treatment options for cancer

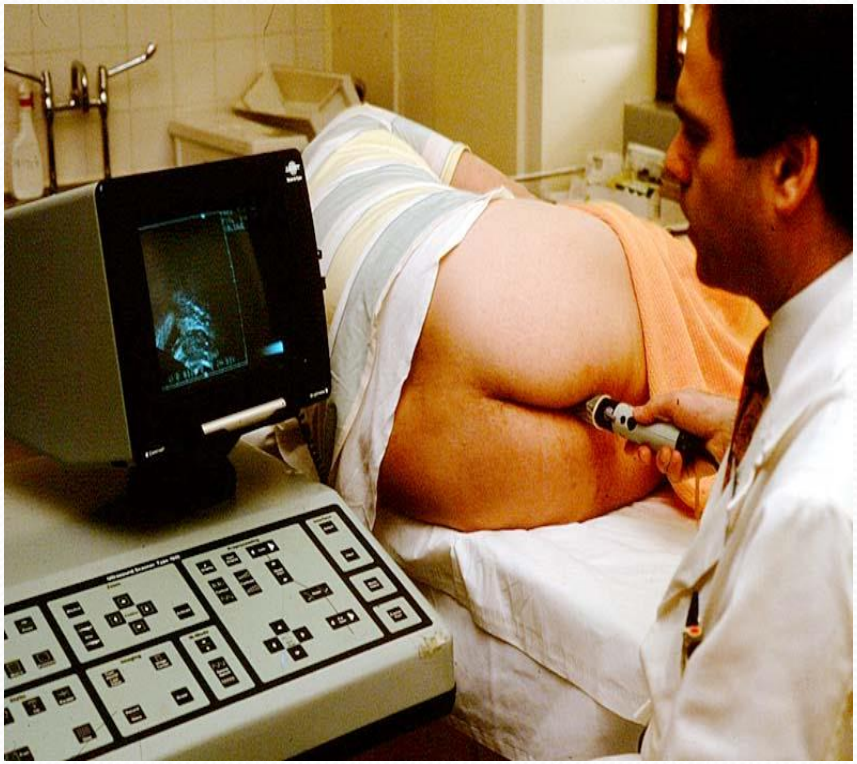
- Localised disease-active surveillance, radical prostatectomy, radical radio-therapy
- Advanced disease-palliate with androgen deprivation

- Consider morbidity from treatment
- Consider prognosis from treatment
- Consider other competing medical co-morbidity

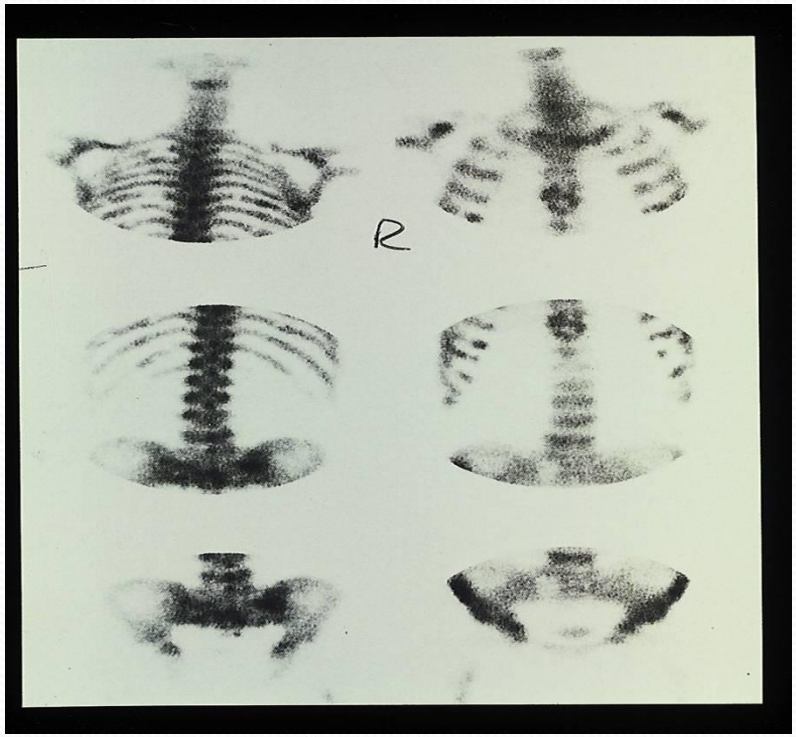
- Time required for patient led decision

Questions ?

TRUS bx or MRI ?



Avoid metastatic disease ?



Lower Urinary Tract Symptoms

- Obstructive-flow, hesitancy, poor emptying
- Irritative – urgency, frequency, nocturia, leaks

- Exclude UTI, pharmacy problems, diabetes, excess fluid intake,

- Are symptoms bothersome ? *****
- Counsel re-PSA testing

Treatment advice

- Reassure over prostate cancer risk
- Simple advice over reduce caffeine, xs fluid intake
- Simple bladder re-training
- Pelvic floor exercise, (post mict dribble – urethral massage)
- Control diabetes
- Avoid poly-pharmacy and timings of drugs

- Will GP counselling be allowed ?

Questions ?

Information

- Joint consensus statement on initial assessment of Haematuria
- NICE guidelines on Haematuria
- NICE guidance CG 175 Prostate cancer 2014
- Pulse-Management of dipstick haematuria

- Information sheet – PSA testing for prostate cancer
- PSA testing in asymptomatic men – Prostate cancer risk management programme (information for primary care) www.orderline.dh.gov.uk
- www.BSSM.org.uk

Two week wait referral

- 78 yr old man
- PSA 7.5
- PMH : Ischaemic heart disease, COPD

- What to consider before PSA TEST ?
- Should you refer to 2/52 wait clinic ?

- What is watch &wait therapy ?

Prostate

- 62 yr man, PSA 6 at presentation, Urinelysis clear and moderate BPE on DRE
- TRUS and biopsy – all benign (PSA 5.8)

- What next ?
- Risk of cancer ?
- What if 2^{nd} biopsy normal ?

Two week wait referral

- 76 yr old man
- PSA 515

- Would we TRUS & biopsy ?
- If not, what test ? Why ?

- Would we treat prostate cancer without biopsy ?