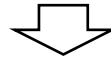


Pan-London Suspected Urological Cancer Referral Guide

Prostate: Criteria for offering diagnostics

- After appropriate counselling, offer **prostate specific antigen (PSA) test** and **digital rectal examination** to assess for prostate cancer in patients with any lower urinary tract symptoms including:
 - Nocturia • Urinary frequency • Hesitancy • Urgency or retention • Erectile dysfunction • Visible haematuria
- Where the result is just below the age-specific threshold, consider repeating the PSA test after one month. A number of decision support tools are available to assist patients in deciding whether to proceed with a PSA test (see references).
- **Asymptomatic men with a life expectancy of clearly less than 10 years should be recommended against an initial or repeat PSA test as they are unlikely to benefit.**



The GP should ensure that **up to date (within 3 months) eGFR / renal function**, imaging reports and other relevant investigations are available for the specialist when the patient is seen. Please also let the team know if patient is not suitable for MRI (e.g. has a pacemaker). This will enable the urology team to assess the patient's suitability or not for **straight to test** pathway.



Prostate: Referral Criteria

- PSA level is above the agreed age-specific reference ranges **and UTI excluded**
- PSA levels remain above London agreed age-specific reference ranges 8 weeks **after treatment for UTI**
- PSA level > 20 (even in presence of UTI)
- Prostate feels malignant on digital rectal examination



SUSPECTED UROLOGICAL CANCER REFERRAL

For Testicular, Bladder, Penile and Renal cancer, please see over

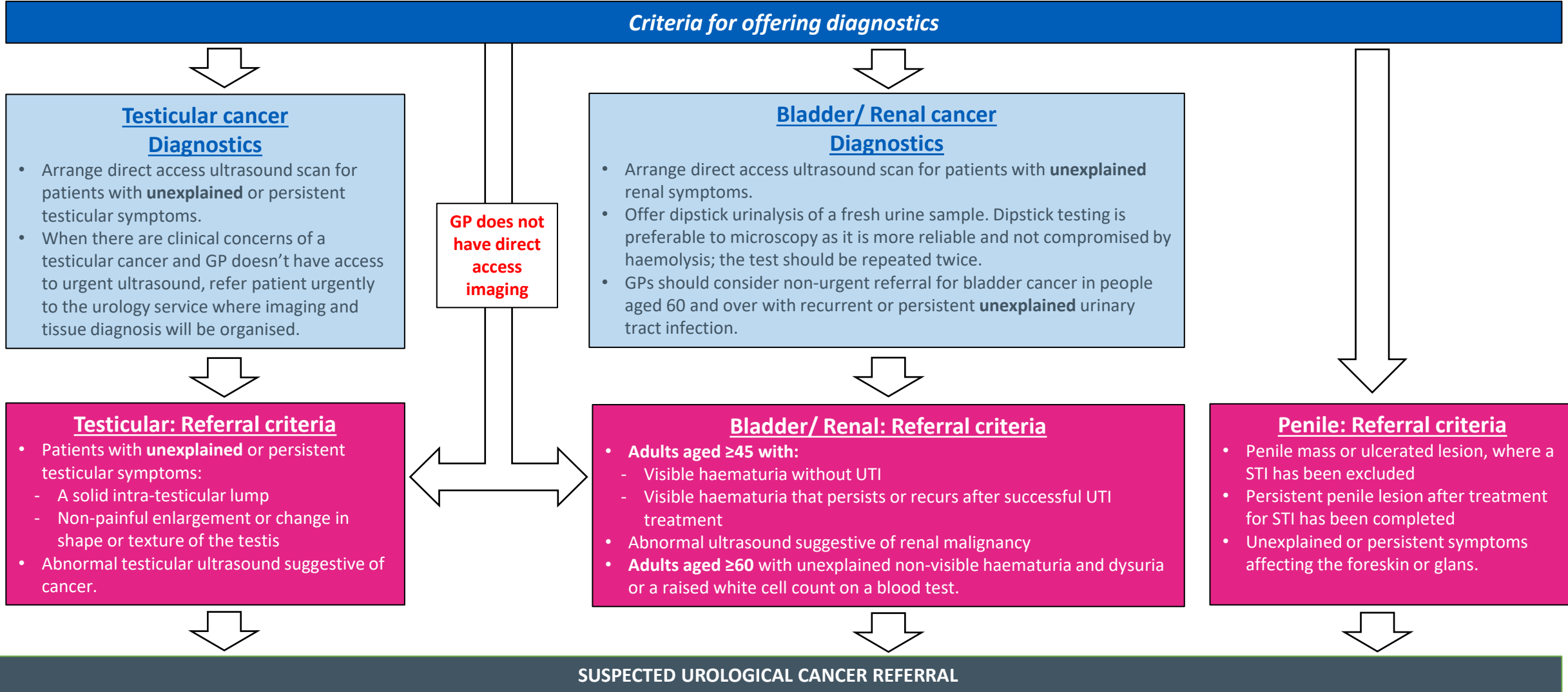
Prostate cancer: Risk Factors

- Patients with a prostate over 50, and risk increases with age (average age of diagnosis: 70-74 years)
- Parent or sibling with either prostate or breast cancer and with increasing risk if relative was less than 60 years old when diagnosed or are BRCA1/2 carriers.
- Patients with ethnicities listed as 'Black African', 'Black Caribbean' and 'Black Other' have a 1 in 4 lifetime risk of prostate cancer.

Elevated Age Specific PSA Levels (NICE)

Age	PSA level
Below 40	Use clinical judgement
40–49	More than 2.5
50–59	More than 3.5
60–69	More than 4.5
70–79	More than 6.5
Above 79	Use clinical judgement

Safety netting: The GP has clinical responsibility for ensuring appropriate follow up and onward referral is arranged for patients referred on direct access investigations. In many cases positive results may be forwarded directly to the cancer team but the GP must ensure a referral has been made and that appropriate safety-netting arrangements are in place.



RESOURCES:

1. Suspected cancer: recognition and referral, NG12 (Feb 2021) <https://cks.nice.org.uk/topics/urological-cancers-recognition-referral/>
2. PSA Options Grid Shared Decision Making <https://patient.info/news-and-features/psa-testing-options> and <https://optiongrid.org/interactive-app/61/>
3. RCGP Prostate Cancer: Early Diagnosis in General Practice <http://elearning.rcgp.org.uk/course/view.php?id=132>
4. BMJ Learning Prostate cancer: a guide for GPs and non-specialists: putting NICE guidelines into practice <https://learning.bmj.com/learning/search-result.html?moduleId=10032255>
5. Prostate Cancer UK Professional resources <http://prostatecanceruk.org/for-health-professionals/guidelines>