

Our Ref: 188-EOECA_PH



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Dear Colleague

Notification to all GP's in the East of England - Elevated PSA Referral Guidelines

We are writing to provide an update and clearer guidance on the Primary Care management of an isolated elevated PSA test in an otherwise asymptomatic patient where there is no other clinical suspicion of malignancy.

It is not our intention in any way to preclude or prescribe fast track urological referral, but it has become clear that different CCGs are using a variety of criteria to judge when immediate referral is necessary, and we felt some regional standardised guidance might be helpful. Current NICE guidance merely states to refer all such patients if the PSA is above the age-specific range, but more recent European advice suggests that limited PSA elevation alone does not warrant prostatic biopsy.

The Cancer Alliance will be doing further work with primary and secondary care to develop robust mutually satisfactory referral pathways, but in the interim the following has been proposed by East of England Urology NCG's and endorsed by the Cancer Alliance.

1. All patients with an abnormal digital rectal examination (DRE) should be referred immediately on a two-week wait pathway.
2. For those patients with raised PSA and benign DRE: it is necessary to exclude UTI as a possible cause, as up to 15% of such patients will have a urinary tract infection to account for their elevated result. Dipstick testing is sufficient, and if infection is suspected, treat appropriately and repeat the PSA six weeks later. In those without infection, follow the management guidelines below –
 - a. All symptomatic patients with PSA above age specific range refer as 2ww
 - b. All asymptomatic patients with PSA ≥ 10 refer as 2ww
 - c. In asymptomatic patients with borderline single raised PSA (We interpret this as PSA < 10), a repeat PSA in 4 weeks is recommended before 2ww referral to exclude physiological or short-term illness as a cause of the isolated PSA rise.

We feel the above approach goes further than current NICE guidance and has our support, and should help to improve patient care by improving the patient journey, reducing unnecessary hospital attendance and investigation, and consequent patient anxiety, whilst leaving longer term outcomes unchanged.

If you have any immediate queries, please contact peterholloway@nhs.net.

Yours Sincerely



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