|  |
| --- |
| **GP Guidance Suspected Prostate Cancer Referrals – May 2022** |
| The Urology Urgent Suspected Cancer referral form has been revised and there is a separate form for suspected Prostate cancer referrals. This is to reflect changes in clinical practice in the assessment and investigation of patients with suspected Prostate cancer. |
| **REFERRAL GUIDANCE** |
| Please provide as much of the information requested on the referral form. This enables the Urology Nurse Specialists to triage patients appropriately either straight to diagnostic test or to a clinic appointment, in line with national guidance.   * At the time of having a PSA blood test, men should not have: * A urinary tract infection within the last 6 weeks * Urinary retention and/or catheterisation within last 2 weeks * A cystoscopy or colonoscopy within the last 2 weeks * Sexual activity in the preceding 48 hours * Distance cycling in the preceding 48 hours * A prostate biopsy in the previous 6 weeks * Men with a borderline rise in PSA (below 10), benign feeling prostate and no symptoms to suggest metastatic disease repeat PSA after 2-4 weeks, if remains elevated refer as a 2ww suspected cancer. It is not recommended that these patients have a MRI or prostate biopsy based on a single borderline raised test; repeat testing excludes physiological or short-term illness as the cause of an isolated PSA rise. * For all patients, please exclude UTI, as up to 15% will have a UTI causing an elevated PSA. If dipstick positive send MSU; if UTI confirmed treat appropriately. For all patients, with a benign feeling prostate check PSA 6 weeks later and refer if PSA remains elevated. * For all patients, with a UTI and a malignant feeling prostate please treat appropriately: * you may refer immediately using the urgent suspected cancer prostate referral form * please request a PSA   (MRI if indicated maybe postponed, as a recent UTI could make the result erroneous. Biopsy would be postponed due to increased risk of sepsis).  Digital rectal examination (DRE) is helpful in all circumstances as an abnormal feeling prostate should be referred. A normal PSA when there is an abnormal feeling prostate does not exclude a cancer and just relying on a PSA could miss a cancer.   * Men with a malignant feeling prostate (hard/nodular) and: * A PSA <30ng/ml will initially be assessed in the outpatient’s clinic. * At least one PSA >30ng/ml will be triaged by telephone call and may go straight to test, bone scan, CT scan, prostate biopsy. * PSA >100ng/ml and/or recent onset lower back or bone pain will be triaged via tele-clinic and are very likely to go straight to test, bone scan, CT scan, prostate biopsy. Early commencement of hormone therapy may be advised if the patient is experiencing significant pain. It is not necessary to perform a DRE in these men if it would lead to a delay in referral. * Bony metastases may cause the first symptoms of prostate cancer; if metastatic spinal cord compression is suspected please refer as an emergency to orthopaedics. * Pre-biopsy multi-parametric MRI of prostate is recommended by NICE for men with a suspicion of localised prostate cancer who may benefit from radical treatment. Men with the following criteria are likely to be triaged via tele-clinic straight to mpMRI: * A prostate that feels benign * ≤79y * WHO performance status 0/1 * At least one PSA 10-30ng/ml * Or two recent PSA results above age specific reference range but <10ng/ml   Men not fitting these criteria will initially be assessed in the outpatient clinic.   * In men with significant co-morbidities, WHO performance status ≥3 or life expectancy <10 years, consider discussion with patient/family/carers and/or a urologist as further investigations or treatment may not be of benefit to the patient. In localised disease a life expectancy of at least 10 years is considered mandatory for any benefit from local treatment with curative intent *(see link at end of document).* * There is no recognised PSA threshold for men above 79 years. The Norfolk and Waveney Urology Service suggest a level of more than 10ng/ml and use of clinical judgement, in men with a benign feeling prostate and no symptoms to suggest metastatic prostate cancer. * Men >79y and those with WHO performance status ≥3, diagnosed with prostate cancer are usually offered watchful waiting, except in metastatic disease, with a PSA-doubling time <12 months or PSA >50ng/ml, when hormone therapy is offered. * If in any doubt about the normality of a PSA level, please obtain advice from a Consultant Urologist via Advice and Guidance. |
| **ADDITIONAL ADVICE: MEN WHO MAYBE AT HIGHER RISK OF PROSTATE CANCER** |
| * Men whose PSA falls just below the threshold for referral with WHO performance <3 please repeat at between 3 and 6 months. * Prostate cancer risk is higher in black males compared with white males or Asian males. * Some families have an increased risk of prostate cancer   + Familial prostate cancer risk is higher in men aged under 65y     - 2.1-2.4 higher father with prostate cancer     - 2.9-3.3 higher brother with prostate cancer     - 1.9 higher grandfather, uncle, nephew or half sibling     - 19-24% higher in men whose mother has/had breast cancer |
| **PATIENTS ON ANTICOAGULANTS OR DIABETIC MEDICATION** |
| It is important to state on the referral form if patients are on anti-coagulants and the clinical indication. Diabetic patients will be listed for any procedures early on a list.  This guidance is supported by an East of England Cancer Alliance ‘Notification to all GP’s in the East of England – Elevated PSA Referral Guidelines’ (Ref:188-EOECA\_PH), international guidance, NICE guidance and local consensus based on published evidence. |
| **Related Document Website Links** |
| **EAU-ESTRO-ESUR-SIOG Guidelines on Prostate Cancer:**  [EAU Guidelines: Prostate Cancer | Uroweb](https://uroweb.org/guideline/prostate-cancer/)  **NG12 Suspected Cancer: Recognition and Referral (last updated: 24 August 2023):**  [Overview | Suspected cancer: recognition and referral | Guidance | NICE](https://www.nice.org.uk/guidance/ng12)  **NG131 Prostate Cancer: Diagnosis and Management:**  [Overview | Prostate cancer: diagnosis and management | Guidance | NICE](https://www.nice.org.uk/guidance/ng131)  **NICE: Clinical Knowledge Summaries:** [Prostate cancer | Health topics A to Z | CKS | NICE](https://cks.nice.org.uk/topics/prostate-cancer/)  **Prostate Screening in Men – CRUK Patient Information and Advice for Asymptomatic Men:** [Prostate screening (cancerresearchuk.org)](https://publications.cancerresearchuk.org/sites/default/files/publication-files/Prostate%20screening%20A4.pdf)  **Do men with lower urinary tract symptoms have an increased risk of advanced prostate cancer?:**  [Do men with lower urinary tract symptoms have an increased risk of advanced prostate cancer? | The BMJ](https://www.bmj.com/content/361/bmj.k1202)  **EOE Cancer Alliance 2WW Referral Advice for Patients:**  [LinkClick.aspx (knowledgeanglia.nhs.uk)](https://www.knowledgeanglia.nhs.uk/LinkClick.aspx?fileticket=8WXBJf8-KwA%3d&portalid=1)  **Cancer Research UK**  [Prostate cancer risk | Cancer Research UK](https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/prostate-cancer/risk-factors) |

*This guidance and pathway has been collaboratively developed by*

*Primary Care Clinicians and the NWICS Specialist Urology Teams.*