For health professionals
in England and Wales

CANCER RESEARCH UK

Together we are beating cancer

Your guide to the recognition and referral of suspected prostate cancer

Prostate cancer is the most common cancer in men in the UK [1]. This guide aims to support GPs with timely recognition and referral, whilst balancing this with the limitations of the prostate-specific antigen (PSA) test and associated risk of overdiagnosis.

Why is recognising prostate cancer challenging?

If diagnosed at stage 1-3, five-year survival for prostate cancer exceeds 95%, but if diagnosed at stage 4, survival drops to around 53% [2]. While earlier diagnosis is important, not all prostate tumours progress and cause harm. Recognising which tumours are aggressive or likely to progress is challenging because symptoms are not always clear indicators of the disease or it's progression. Often they can be non-specific and attributed to other conditions, such as benign prostatic hyperplasia.

Who is most likely to be diagnosed with prostate cancer?

Data suggests the following groups have a higher incidence of prostate cancer, although it's not yet clear whether there's a higher risk of late-stage diagnosis or death from disease.

- Older men – incidence rates are highest in men aged 75-79 [3]
- Black men (ie men of African and African Caribbean ethnicity) – incidence is 2–3 times higher than in White men [4]
- Men with a family history of prostate cancer (68% higher risk) or breast cancer (21% higher risk)[5]

What is the referral guidance?

NICE NG12 referral guidelines recommend considering a PSA test followed by a digital rectal examination (DRE) for people with the following symptoms:

- Any lower urinary tract symptoms, such as nocturia, urinary frequency, hesitancy, urgency or retention
- Erectile dysfunction
- Visible haematuria

An urgent suspected cancer referral should be made if the PSA level exceeds the age-based thresholds below:

Age (years)	PSA level (micrograms/litre)
Below 40	Use clinical judgement
40 to 49	More than 2.5
50 to 59	More than 3.5
60 to 69	More than 4.5
70 to 79	More than 6.5
Above 79	Use clinical judgement

Elevated PSA levels can be due to other factors, such as:

- an active or recent urinary tract infection
- a prostate biopsy in the past six weeks
- ejaculation or vigorous exercise in the past 48 hours

What to look for in a DRE: If the prostate seems enlarged or there's asymmetry, irregularities or hard lumps, an urgent suspected cancer referral is recommended. A normal DRE doesn't rule out prostate cancer - a PSA test should still be requested if the patient is experiencing symptoms.

What do your patients need to know about PSA testing?

Before offering a PSA test, make sure the patient is aware of the information below so they can make an informed choice [6]. A PSA test can:

- help detect prostate cancer that's aggressive or likely to progress
- be inaccurate. One review of symptomatic patients found that 80% of people with elevated PSA did not have prostate cancer (false positives) and 7% of people with normal PSA had prostate cancer (false negatives) [7]
- find common slow-growing tumours that may not be the cause of the symptoms or shorten life. This can lead to unnecessary diagnosis (overdiagnosis) of prostate cancer, as well as associated anxiety, medical tests and unnecessary treatments (overtreatment) with adverse effects

Read more about PSA testing at cruk.org/psa-test

What other actions can you take to support your patients?

Seek out external support in your decision-making. For example, consider speaking to a urologist or taking advantage of Advice and Guidance channels where available.

Make sure the patient understands that the referral will help to assess their symptoms, but it doesn't necessarily mean they have cancer. Provide them with clear information on next steps, ie that they'll likely be seen by a urologist who may suggest an MRI (check this is available in your area).

To support these conversations, you can use our patient information available at **cruk.org/prostate** and **cruk.org/urgentreferrals**

Whether or not they're referred for tests or specialist advice, make sure patients are monitored until their signs and symptoms are explained or resolved. **Find more guidance at cruk.org/safetynetting**

References

1. Cancer Research UK. Cancer incidence for common cancers. Data is for those diagnosed between 2017 and 2019. Accessed February 2025.
2. NHS England. Cancer survival in England, cancers diagnosed 2016-2020, followed up 2021. Data for early-stage prostate cancer is age-standardised net survival for adults (age 15-99) in England, for those diagnosed in 2013-2017 followed up to 2018. Accessed February 2025.
3. Cancer Research UK. Prostate cancer statistics. Accessed February 2025.
4. Delon et al. Br J Cancer, 2022.
5. Barber et al. Clin Cancer Res, 2018.
6. NICE. How should I assess a person with suspected prostate cancer. Accessed February 2025.
7. Merriel et al. BMC Med, 2022.

If you have any comments or feedback on this guide, please contact **SEinbox@cancer.org.uk**

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