

When should I refer a man for suspected prostate cancer?

- The National Institute for Health and Clinical Excellence has published guidelines for referral for suspected prostate cancer [NICE, 2005b].
- **Urgently refer men with:**
 - **A hard, irregular prostate typical of a prostate carcinoma.** Prostate-specific antigen (PSA) should be measured and the result should accompany the referral. (An urgent referral is not needed if the prostate is simply enlarged and the PSA is in the age-specific reference range.)
- **A normal prostate, but rising/raised age-specific PSA,** with or without lower urinary tract symptoms. (In patients compromised by other comorbidities, a discussion with the patient or carers and/or a specialist may be more appropriate.)
- **Symptoms and high PSA levels.**
- Age-specific threshold levels of PSA for referral are outlined in Table 2.

Table 2. Serum prostate-specific antigen (PSA) threshold levels for referral.

Age	Serum PSA level
50-59 years	3.0 ng/ml
60-69 years	4.0 ng/ml
70 and over	5.0 ng/ml

Note: 5-alpha reductase inhibitors decrease PSA levels, therefore giving an artificially low test result. If a man is taking a 5-alpha reductase inhibitor, the PSA test results should approximately be doubled for comparison with reference ranges.
Recommended by [DH, 2002a; DH, 2002b]

Table 3. Summary of NICE referral advice for men with urinary tract 'outflow' symptoms.

Timing	Criteria for referral
****	They develop acute urinary retention.
****	They have evidence of acute renal failure.
***	They have visible haematuria.
***	There is suspicion of prostate cancer based on the finding of a nodular or firm prostate, or a raised prostate-specific antigen (PSA) level, or both.
***	They have culture-negative dysuria.
***	They develop chronic urinary retention with overflow or night-time incontinence.
**	They have recurrent urinary tract infection.
**	They develop microscopic haematuria.
^	The symptoms have failed to respond to treatment in primary care and are severe enough to affect quality of life. This is best assessed by the man using a symptom scoring system such as WHO's International Prostate Symptom Score.
^	They have evidence of chronic renal failure or renal damage.

Key to referral timings. Arrangements should be made so that the man:

****	is seen immediately (within 1 day)
***	is seen urgently (maximum wait of 2 weeks recommended but to be agreed locally)
**	is seen soon (maximum waiting time to be agreed locally)
*	has a routine appointment (maximum waiting time to be agreed locally)
^	is seen within an appropriate time depending on clinical circumstances (discretionary)