

Rapid access clinics aim to improve access to investigations for prostate cancer in men aged from 50 to 70 (or from aged 40 if they have a first degree relative with prostate cancer). Prostate cancer will continue to be diagnosed in general urology clinics.

Prostate cancer is the leading cause of cancer in men (excluding skin cancer). Over 2,500 men are diagnosed with prostate cancer in Ireland each year. The cumulative risk of a man developing prostate cancer before the age of 50 is 1 in 485 and before the age of 70 is 1 in 13.

Data Source: National Cancer Registry, Ireland.

Risk Factors: Family history of prostate cancer, age (risk of prostate cancer increases after 50 years), and men of African ethnicity.

Prostate Specific Antigen (PSA) Testing

- PSA testing of asymptomatic men or **PSA screening is not national policy**
- Prostate assessment consists of a digital rectal examination (DRE) and a PSA test
- PSA testing should only be carried out after full advice and provision of information. (Patient information leaflet about prostate assessment is available from the National Cancer Control Programme on (01) 8287100 or can be downloaded by logging onto www.cancercontrol.hse.ie)
- All men with an abnormal DRE should be referred to a urologist regardless of PSA results

GENERAL RECOMMENDATIONS

A patient who presents with symptoms or signs suspicious of prostate cancer should be referred for rapid access prostate assessment. Primary healthcare professionals should encourage all men over 50 years of age, or men over 40 who have a first degree relative with prostate cancer or those of African ethnicity to be aware of prostate health issues, in order to minimise delay in presentation of disease.

To make a referral, **FAX**, or **POST** a **NATIONAL RAPID ACCESS PROSTATE CLINIC REFERRAL FORM** or submit an electronic prostate cancer referral form via healthlink. **Electronic referral systems are currently being developed, go to the following website www.healthlink.ie for further updates.**

Additional prostate cancer referral forms can be obtained by ringing the National Cancer Control Programme on **(01) 8287100** or by logging onto **www.cancercontrol.hse.ie**

NATIONAL RAPID ACCESS PROSTATE CLINICS (please refer to only one clinic)

Beamont Hospital, Dublin 9	Tel: (01) 809 3485	Fax: (01) 809 3488
Cork University Hospital	To open during 2011	
Galway University Hospital	Tel: (091) 542 053	Fax: (091) 542 092
Mid Western Regional Hospital, Limerick	Tel: (061) 585 637	Fax: (061) 482 572
Mater Hospital, Dublin 7	Tel: (01) 803 2644 / 2295	Fax: (01) 803 4036
St. James's Hospital, Dublin 8	Tel: (01) 416 2850	Fax: (01) 428 4090
St. Vincent's University Hospital, Dublin 4	Tel: (01) 221 3055	Fax: (01) 221 4318
Waterford Regional Hospital	To open during 2011	

Patient Advice:	Guidance on PSA Testing
<ul style="list-style-type: none"> ● Prostate assessment involves a blood test and a rectal examination ● A normal assessment does not rule out cancer ● A biopsy can be uncomfortable. Side effects such as bleeding, infection or urinary retention may occur but less than 1% require hospital admission 	<ul style="list-style-type: none"> ● Patients should be counselled before they have a PSA test ● Patients with an abnormal PSA result should have a repeat PSA at six weeks. If the patient also has an abnormal DRE, the PSA test does not need to be repeated and they should be referred directly ● Finasteride/ dutasteride reduce PSA results by 50%, therefore the PSA result should be doubled in these patients ● DRE performed before the PSA does not raise the result
<p>A Digital Rectal Examination (DRE) should be performed on every patient who is having a prostate assessment.</p>	

This guideline represents the view of the NCCP, which was arrived at after careful consideration of the evidence available. Health professionals are expected to take it fully into account when exercising their clinical judgement.

The guidance does not, however, override the individual responsibility of health professionals to make decisions appropriate to each patient. This guideline will be reviewed as new evidence emerges, and supersedes all previous HSE/NCCP prostate cancer GP referral guidelines. Version 1.3 –Date: January 2011

REFERRALS FOR SUSPECTED PROSTATE CANCER

PATIENTS SHOULD RECEIVE FULL ADVICE PRIOR TO PSA TESTING

Patient is aged from 50 to 70 years (or from 40 to 70 years if he has a first degree relative with prostate cancer or is of African ethnicity).

ASYMPTOMATIC MEN

Advise patients on the advantages and disadvantages of PSA testing

If prostate assessment requested perform the following:

- DRE – Digital Rectal Examination
- PSA – Prostate Specific Antigen

SYMPTOMATIC MEN

Male patient presents with:
Any of the following features when unexplained:

- Lower urinary tract symptoms e.g. dysuria, urgency, nocturia
- Unexplained back pain

RECOMMENDED INVESTIGATIONS

- DRE – Digital Rectal Examination
- PSA – Prostate Specific Antigen
- Creatinine
- Hb
- Urinalysis

If normal DRE and PSA manage symptoms in Primary Care or refer to urology clinic as clinically indicated.

Refer Patient to Rapid Access Clinic if he has

- A second abnormal PSA at 6 weeks after the first PSA test
- Abnormal hard Prostate on DRE

PSA ADVICE

WHEN TO DELAY PSA TEST

PSA test should be delayed by 6 weeks if patient has any of the following:
active urinary tract infection, prostate biopsy, TURP or prostatitis.

WHEN TO REPEAT PSA TEST

- Repeat an abnormal PSA test at 6 weeks before referral. The result can vary by up to 30%

HOW THE NORMAL PSA RAISES WITH AGE

Age	PSA Caucasian Reference Ranges
● 40-49 years	0-2.5ng/ml
● 50-59 years	0-3.5ng/ml
● 60-69 years	0-4.5ng/ml
● 70-79 years	0-6.5ng/ml

Corresponding reference ranges for men of African ethnicity are 0-2.0ng/ml(40-49yrs), 0-4.0ng/ml(50-59yrs), 0-4.5ng/ml(60-69yrs) and 0-5.5ng/ml(70-79yrs).

- Double the PSA result if the patient is on finasteride / dutasteride (These drugs halve the PSA level)
- Please refer to your local PSA reference ranges as some assays give slightly different results

REFERRAL