

PSA testing

I read with interest the paper *The patient perspective on a first raised PSA test* by C Brown et al.¹ in the September issue of the *Journal of Primary Health Care*. I was disappointed that in their introduction they discuss the controversy over testing men who present with lower urinary tract symptoms (LUTS) without referencing more recent research and guideline advice regarding the assessment of men with LUTS symptoms.

Recent guidelines from the UK and the Netherlands do not recommend PSA testing for men presenting with LUTS. This is because LUTS in men are so common, with 70–90% of men aged above 50 reporting some LUTS.

Two recent papers,^{2,3} each of a large series of men (1159 and 2353, respectively), have shown that the *absence* of LUTS is a risk factor for prostate cancer; in the Japanese study,² the absence of symptoms was a stronger predictor of prostate cancer than PSA levels.

These and other similar papers have shown that the presence of symptoms does not warrant PSA screening of men presenting with LUTS. As current NICE Guidelines state: 'The use of PSA testing in most men presenting with typical LUTS in primary care should be considered screening rather than part of the diagnostic workup.'⁴

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References

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2. Ito M, Masuda H, Kawakami S, Fujii Y, Koga F, Saito K, et al. Impact of lower urinary tract symptoms on prostate cancer risk among Japanese men with prostate-specific antigen <10 ng/mL and non-suspicious digital rectal examination. *Int J Urol*. 2013;20(12):1163–8.
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Authors' reply

We thank Dr Corwin for his letter in response to our paper entitled *The patient perspective on a first raised PSA test*.¹ We agree that PSA screening is not recommended in men with LUTS. Our study has shown that symptoms of LUTS are indeed common, with 43% of men with a raised PSA test reporting symptoms. On the other hand, only 11% said the reason they went to the doctor was because of symptoms. This suggests that the presence of LUTS is not a major factor in the use of the PSA test by general practitioners (GPs) in our region. The EAU Guidelines suggest that 'Prostate-specific antigen (PSA) should be measured only if a diagnosis of prostate cancer will change the management'.² The difficulty for a GP is to decide for which men this statement is most relevant. Thus, in men aged over 70 in whom LUTS is most prevalent, finding a localised cancer is unlikely to alter management and thus a PSA test is not indicated. In younger men, however, the use of a PSA test and the risks and benefits of finding a raised value should be discussed with the patient, as per the recent Ministry of Health Guidelines,³ taking into account each man's individual context.

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1. Brown C, Hodgson F, Obertova Z, Holmes M, Lawrenson R. The patient perspective on a first raised PSA test. *J Prim Health Care*. 2015;7(3):213–20.
2. Gratzke C, Bachmann A, Descaseaud A, Drake MJ, Madersbacher S, Mamoulakis C, et al. EAU Guidelines on the Assessment of Non-neurogenic Male Lower Urinary Tract Symptoms including Benign Prostatic Obstruction. *Eur Urol*. 2015;67(6):1099–109.
3. Prostate Cancer Working Group and Ministry of Health. Prostate cancer management and referral guidance. Wellington: Ministry of Health; 2015. [cited 2015 Oct 23]. Available from: <https://www.health.govt.nz/publication/prostate-cancer-management-and-referral-guidance>

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