What is a Prostate Specific Antigen (PSA) test?

A PSA blood test measures a chemical in the blood released by the prostate. PSA levels generally increase with age, meaning that normal PSA levels vary by age.

Your GP has referred you because your PSA level is higher than what is considered normal for your age.

Conditions that can raise PSA levels include:

- Prostate or urinary tract infection
- Prostate inflammation
- Benign (non-cancerous) prostate enlargement
- Prostate cancer

Other factors affecting PSA levels:

- Incomplete bladder emptying over time
- Use of instruments in the urethra
- Sexual activity or bike-riding shortly before a PSA test

About a third of men over the age of 50 may have small, low-risk prostate cancers that do not cause problems during their lifetime. However, some men with high PSA levels have a higher-risk prostate cancer that may require treatment.

Nuffield Health

Who should I contact for help or information?

If you have questions or concerns, please get in touch with us:
howim.rapidprostate@nuffieldhealth.com

Nuffield Health Parkside Hospital, 53 Parkside, Wimbledon, SW19 5NX

Nuffield Health

RAPID Access Prostate Imaging & Diagnosis

Patient Information Leaflet

Nuffield Health Parkside Hospital, 53 Parkside, Wimbledon, SW19 5NX
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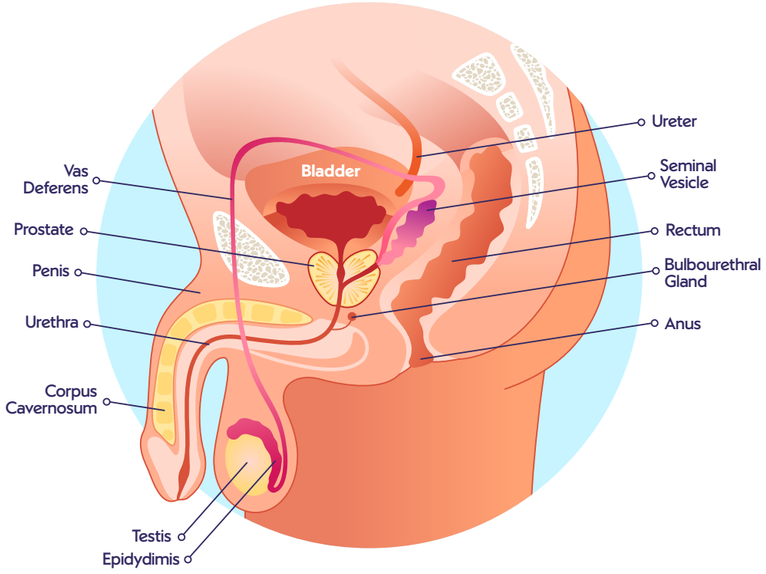
This leaflet provides you with information about Parkside's RAPID prostate service. Designed to answer queries you (or your caregivers) may have, it does not replace advice from your consultant or other healthcare professional.

What is a prostate?

A small gland located near the bladder, found only in men. It produces fluid that forms part of semen and helps nourish sperm. When you urinate, the urine passes through a tube called the urethra, which goes through the prostate before reaching the penis (see diagram below).



What is Parkside Hospital's RAPID service?

A gold-standard pathway to identify men who are most at risk of having prostate cancer and who require further investigations.

This single hospital visit of up to four hours includes appointment and tests with a Clinical Nurse Specialist, diagnostic scans, and a follow-up appointment with a consultant Urologist to review your results and discuss next steps.

What to expect?

1. Referral

Your GP has referred you because your prostate-specific antigen (PSA) blood test showed a high result.

2. Telephone triage and assessment

A Clinical Nurse Specialist will call you to discuss your referral and undertake an assessment. An I-PSS (International Prostate Symptom Score) questionnaire will be sent to you to complete. They will also:

- Confirm your recent PSA results and other tests that have been performed within the past 90 days.
- Check your compatibility for having an MRI scan and whether a flow rate ultrasound* is required.
- If necessary, further tests will be arranged in our Outpatients Department.

3. Rapid access diagnosis, in one visit:

You will have a series of appointments, in one day:

1. Clinical Nurse Specialist appointment (30 min) with further urine and blood tests, if needed
2. Prostate MRI (60 min) with further ultrasound scan* (30 min), if needed
3. Follow-up consultation with a urology consultant specialised in prostate health (30 min), to review your results and discuss next steps.

*If the CNS advises an ultrasound is required, please arrive with a full bladder.

i. Clinical Nurse Specialist (CNS) appointment

Our Urology CNS will carry out the following:

- **Urine dip stick** - to exclude urinary tract infections.
- **Blood tests -** PSA & urea and electrolytes (if not done)
- Decide whether you need an ultrasound and flow-rate test

ii. Diagnostic Imaging

What is a prostate MRI?

An MRI scan uses magnetic waves to create detailed images of the body without the use of x-rays or radiation. For prostate MRI, images will help identify any suspicious areas that might indicate cancer, typically involving injection of gadolinium, a contrast dye to make the images clearer. You will be asked to lie still for about 45 minutes inside the scanner.

The MRI report assigns scores to different areas of the prostate, ranging from 1 (least suspicious) to 5 (most suspicious).

- **Scores 1 and 2:** Low risk (5-10%) of significant prostate cancer. A biopsy is generally not recommended, but PSA monitoring continues.
- **Score 3:** Moderate risk (20-30%) of significant prostate cancer, often due to inflammation or atrophy. A biopsy may be considered depending on PSA density and your preferences.
- **Score 4:** Moderate risk (60-70%) of significant prostate cancer, with a biopsy generally recommended, although a surveillance approach may be discussed.
- **Score 5:** High risk (90-95%) of significant prostate cancer, with a biopsy typically advised.

What is a urine flow rate test and bladder ultrasound?

A urine flow rate measures the rate and amount of urine which is passed into a specially designed toilet.

A bladder ultrasound measures the amount of urine stored in the bladder and can be used to check bladder function. First, you will have an ultrasound when your bladder is full. This is repeated once you have emptied your bladder (during the flow rate test).

Finally, the remaining volume of urine left in your bladder is measured.

iii. Consultant Urologist appointment

After the MRI has been reported by a sub-specialist Radiologist, your Consultant Urologist will review the results with you and discuss the findings.

If a suspicious area is identified, a prostate fusion biopsy is usually recommended to confirm or rule out the presence of cancer, which would be performed at a separate appointment.

Your Urologist will explain details of the biopsy and the next steps.

These appointments will occur in different locations within the hospital. **Please see your appointment letter for further information.**

Please expect to be in the hospital for up to four hours.