

# The PSA Test

Help your patients make an informed decision



# Who should get the PSA test?

To help you and your patients understand and follow the intent of the new government policy on community PSA testing, here is a quick overview.

Effective January 1, 2009 OHIP has expanded access to community laboratory testing when:

- A man's physician or nurse practitioner **suspects prostate cancer** because of family history, race and/or the results of his physical examination (including digital rectal examination). Family history means one or two first degree relatives, such as father or brother.
- A man **has been diagnosed with**, or is receiving treatment for, or is being followed after treatment for, prostate cancer.

PSA testing will be paid for by OHIP if it meets the criteria noted above.

OHIP **will not pay** for testing when a man's physician or nurse practitioner **does not suspect prostate cancer** as a result of the findings from a routine physical examination or as a result of a patient's family history and/or race. In these circumstances, a man can have the PSA test if he is willing to pay for the test himself. However, it is hoped he will make this decision only after discussion with you.

As screening authorities recommend against routine PSA testing for men without symptoms, your patients will rely on you to help them decide if the risks outweigh the benefits. To help facilitate a discussion, keep this reference material on hand when counseling patients about prostate cancer and PSA testing.

To access electronic versions of this material for download, including PSA Clinical Guidelines, visit [www.ontario.ca/psatest](http://www.ontario.ca/psatest)



## Overview of the prostate

- The prostate is a walnut-sized gland just below the bladder
- The prostate produces part of the fluid that carries sperm

Slide out  
for more  
information

## Detecting prostate cancer

### Digital Rectal Exam (DRE)

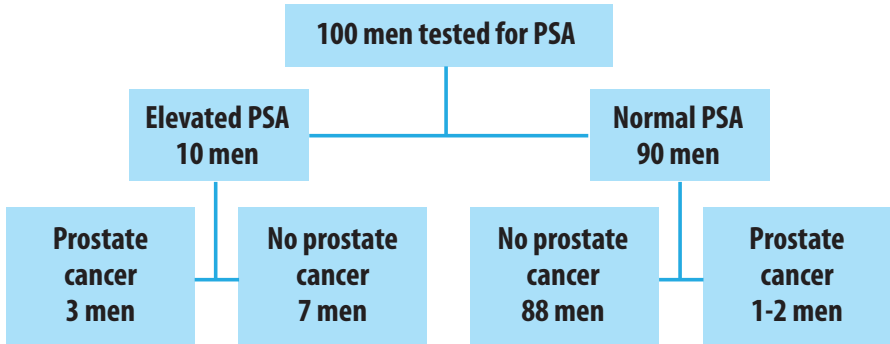
- An exam where your physician or nurse practitioner inserts a finger into your rectum to feel one side of your prostate for any abnormality
  - Not all parts of the prostate gland can be felt by this exam so cancers that are present may not be found
  - Not to be confused with the exam for colorectal cancer, which is another type of test - even though your physician or nurse practitioner is performing the DRE, the exam is checking for prostate cancer, not colorectal cancer
- The DRE is already a covered service under OHIP

If the DRE shows irregularities, your physician or nurse practitioner may recommend a follow-up PSA test, which will be covered by OHIP.

### PSA test

- A blood test that measures a substance produced by the prostate gland called prostate specific antigen (PSA)
  - PSA blood test tells physicians or nurse practitioners when patients have a higher than normal level of PSA
  - A high level can result from benign conditions of the prostate, or ejaculation or strenuous exercise and does not necessarily mean cancer
  - A prostate infection or a large prostate gland that is not cancerous (benign prostatic hyperplasia - BPH) may also increase PSA levels

**For every 10 men with elevated PSA levels, seven will be false positives, that is, they will not have prostate cancer upon further testing.**



*If your physician or nurse practitioner does not suspect prostate cancer but you still want the PSA test, you will have to pay for it yourself. But please take the time to consider the following points.*

#### **Is the PSA test right for you?**

- PSA tests can lead to the detection of prostate cancer, however it's not always reliable - it can result in a diagnosis of cancer where there is none
- Abnormal PSA results require further diagnostic testing, which can lead to medical complications
- Finding prostate cancer may prompt a series of medical interventions offering little benefit and potentially some harm (e.g., erectile dysfunction, incontinence)

#### **What are the implications of a positive diagnosis?**

- Many men who are diagnosed with prostate cancer will remain healthy and may never be affected by it
- Some prostate cancers grow slowly and are not life threatening. Detection and treatment of these cancers can adversely affect quality of life

- About 7 out of 10 men diagnosed with prostate cancer will not die from it - they will die of other causes like heart disease, stroke or old age
- Potentially curative treatments for localized prostate cancer are surgery and radiation, which can cause impotence, urinary incontinence and bowel problems
- Some prostate cancer can also be serious and fatal. Sometimes the cancer spreads beyond the gland into the bones, causing bone pain and other symptoms

#### **What do the experts say?**

- Scientific evidence is inconclusive as to whether or not PSA testing in men without symptoms is saving lives and improving health outcomes
- For men who are 75 years of age or older PSA testing would have even less potential benefits - the U.S. Preventive Services Task Force concludes that the harms of screening for prostate cancer outweigh the benefits for this age group
- Screening authorities in Canada and the United States recommend against routine testing for men without symptoms (screening)