Frimley Health and Care

SSCA Suspected Cancer Referral Guide - Urology

The information in this guidance document is supported by the Surrey and Sussex Cancer Alliance Urology Pathway Group

PROSTATE CANCER RISK FACTORS:

- Prostate cancer mainly affects men over 50, and risk increases with age. The average age of diagnosis is between 65 and 69 years
- Family history of prostate cancer in father or brother risk increases 2.5 fold; risk increases further if father or brother were less than 60 years old when diagnosed. Increased risk if mother or sister has had breast cancer, particularly less than 60 years old or BRCA1/2 carriers
- Afro-Caribbean ('Black African', 'Black Caribbean' and 'Black Other') men have an increased risk;**1 in 4 Afro-Caribbean men will have prostate cancer in their lifetime.**

About the Prostate Specific Antigen Test (PSA)

After appropriate counselling, consider a prostate specific antigen (PSA) test and or digital rectal examination to assess for prostate cancer in patients with:

- Any lower urinary tract symptoms, such as nocturia, urinary frequency, hesitancy, urgency or retention
- Erectile dysfunction
- Visible haematuria
- Haematospermia
- Weight loss and back/hip/pelvic pain (older men)

Where the result is just below the age-specific threshold, you should consider repeating the PSA test after 3-6 months.

NOTE: PSA may be raised in the presence of urinary infection, prostatitis or benign prostatic hypertrophy, and may also be elevated following vigorous exercise, ejaculation or prostate stimulation (e.g. prostate biopsy, anal intercourse).

- If PSA raised in context of UTI (nitrate positive dip or positive MSU), repeat PSA after 6 weeks
- Avoid vigorous exercise and/or ejaculation 48hours before a PSA test and exclude a UTI.
- Patients with a PSA >30ng/ml with a positive dip/MSU but in the absence of a symptomatic UTI should be referred. If the patient is symptomatic please treat and repeat the PSA in 6-8 weeks and re-consider referral. Activate internal safety netting protocol.

NOTE: for patients on established 5 Alpha Reductase Inhibitors for 6 months, e.g. Finasteride, PSA values should be doubled on interpretation.

A number of decision support tools are available to assist patients in deciding whether to proceed with a PSA test (see references).

NICE PSA AGE-SPECIFIC THRESHOLDS (ISSUED 2022)

AGE (years)	PSA VALUE (ng/ml)
<40	Use clinical judgement
40-49	≥2.5
50-59	≥3.5
60-69	≥4.5
70-79	≥6.5
>79	Use clinical judgement

Please Note: Urgent Suspected Prostate Cancer Referrals should be made on the basis of NICE PSA age specific thresholds and not Free/Total ratio.

Consider whether referral is in the best interests in patients with significant co-morbidity and the frail elderly who may be unable/unwilling to undergo further investigation or active treatment. If in doubt seek local specialist advice through the advice and guidance service.

Investigations – general information

When GP direct access investigations are performed, the GP has clinical responsibility for ensuring appropriate follow up and onward referral is arranged. In many cases, positive results may be forwarded directly to the cancer team but the GP must ensure a referral has been made and that appropriate safety-netting arrangements are in place

FOR ALL RECENT INVESTIGATIONS, ESPECIALLY THOSE DONE IN THE COMMUNITY SETTING, INCLUDE REPORTS (AND IMAGES) WHERE AVAILABLE

Where possible, the GP should ensure that up to date (within 8 weeks) eGFR / U&E, are available for the specialist when the patient is seen. This will enable the urology team to triage the patient **straight to test** if available.

Referral information

TESTICULAR CANCER

GPs should consider a direct access ultrasound scan for testicular cancer in men with UNEXPLAINED or persistent testicular symptoms

PLEASE NOTE: A suspected cancer referral (for an appointment within 2 weeks) is preferred to a direct access ultrasound if the GP has a high index of suspicion or is concerned there may be a delay to diagnosis in waiting for a direct access ultrasound scan.

BLADDER CANCER

GPs should consider non-urgent referral for bladder cancer in people aged 60 and over with recurrent or persistent UNEXPLAINED urinary tract infection.

'Non-visible' or 'trace' haematuria is determined by dipstick urinalysis of a fresh urine sample. Dipstick testing is preferable to microscopy as it is more reliable and not compromised by haemolysis; the test should be repeated twice.

PROSTATE CANCER

Refer men using a suspected cancer pathway referral (for an appointment within 2 weeks) for prostate cancer if:

- PSA levels are above the age-specific reference range (see table above). For patients with a slightly elevated PSA, a suspected cancer referral is still recommended OR
- Prostate feels malignant on digital rectal examination

TESTICULAR CANCER

Consider a direct access ultrasound scan for testicular cancer in men with unexplained or persistent testicular symptoms.

Refer men using a suspected cancer pathway referral (for an appointment within 2 weeks) for testicular cancer if they have:

- A solid intra-testicular lump/ non painful enlargement / change in shape or texture of Testis AND/OR
- Abnormal ultrasound scan suggestive of testicular cancer

PLEASE NOTE: A suspected cancer referral (for an appointment within 2 weeks) is preferred to a direct access ultrasound if the GP has a high index of suspicion or is concerned there may be a delay to diagnosis in waiting for a direct access ultrasound scan.

Referral is due to CLINICAL CONCERNS that do not meet NICE/SSCA referral criteria (the GP MUST give full clinical details in the 'additional clinical information' box at the time of referral)

BLADDER CANCER

Refer using a suspected cancer pathway referral (for an appointment within 2 weeks) for bladder cancer if

- Adults aged ≥45 with:
  - Visible haematuria that persists or recurs after successful treatment of urinary tract infection
  - UNEXPLAINED visible haematuria without urinary tract infection
- Adults aged ≥60 with:
  - UNEXPLAINED non-visible haematuria and either dysuria or a raised white cell count

RENAL CANCER

Refer patients using a suspected cancer pathway referral (for an appointment within 2 weeks) for renal cancer if:

- Abnormal ultrasound scan suggestive of renal cancer
- Adults ≥45 with:
  - Visible haematuria that persists or recurs after successful treatment of urinary tract infection
  - UNEXPLAINED visible haematuria without urinary tract infection

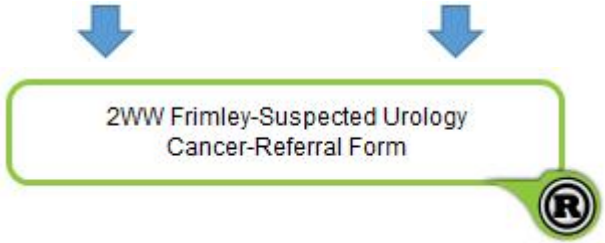
Asymptomatic renal cysts described as simple in the radiology report do not require referral.

PENILE CANCER

Refer using a suspected cancer pathway referral (for an appointment within 2 weeks) for penile cancer if:

- Penile mass or ulcerated lesion, where a sexually transmitted infection has been excluded as a cause
- Persistent penile lesion after treatment for a sexually transmitted infection has been completed
- Unexplained or persistent symptoms affecting the foreskin or glans

Referral is due to CLINICAL CONCERNS that do not meet NICE/ SSCA referral criteria (the GP MUST give full clinical details in the 'additional clinical information' box at the time of referral)



RESOURCES

1. Suspected cancer: recognition and referral, NG12 (2015)
2. Suspected cancer: recognition and referral. Evidence reviews for diagnostic accuracy of prostate specific antigen (PSA) thresholds for referring people with suspected prostate cancer https://www.nice.org.uk/guidance/ng12/evidence/a-diagnostic-accuracy-of-prostate-specific-antigen-psa-thresholds-for-referring-people-with-suspected-prostate-cancer-pdf-10895948894
3. RCGP Prostate Cancer: Early Diagnosis in General Practicehttp://elearning.rcgp.org.uk/course/view.php?id=132
4. Prostate Cancer UK Professional resources https://prostatecanceruk.org/for-health-professionals/guidelines?category=

Delevoped in collaboration with NHS Surrey and Sussex Cancer Alliance

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