

PSA Follow-up in Primary Care: Information for GPs

Your patient has been offered and opted for PSA follow-up in primary care. The details about his prostate condition are stated in the discharge letter. We would be grateful for your help with the future management of our patient. Below are a few facts to know in addition to the recommendations given in the letter.

Review interval:

6 monthly intervals for 3 years; if stable, then annually for up to 10 years unless otherwise stated.

PSA rise above re-referral threshold:

If the PSA rises over the stated re-referral threshold, repeat the PSA after 6 weeks to ensure this is a persistent change (unless there are clinically urgent indications to re-refer immediately).

If there is a suspicion of (not necessarily proven) infection (symptoms of UTI, urine dipstick or MSU) as cause for a PSA rise, treat with a quinolone antibiotic for 4 weeks and repeat PSA at 6 weeks.

Symptoms:

Worsening/new LUTS (Lower Urinary Tract Symptoms), new unusual and persistent bone pain or weight loss.

Consider monitoring renal function in patients on management with palliative intention.

Medication:

Please consider that PSA measurements after 6 months of 5-ARI will be 50% less than the initial value. If the patient is undergoing treatment with 5-ARI this should be noted on the data return form.

Re-referrals:

As 'new patient' with a letter stating 'PSA FU RETURN' to the discharging specialty (Urology or Oncology) including a print-out of patient's PSA audit table. These patients will be seen as 'urgent' in our follow-up clinics. You may wish to use clinical judgement on the background of patient's general condition to decide on active or palliative treatment.

Communication:

For advice on patients on the 'LES PSA FU' scheme please email:
add-tr.PSACambridge@nhs.net

Please ensure each assessment outcome is documented in the PCT agreed format set out in the PSA/Zoladex LES and returned as required in regular intervals.