

**Update to Guidance for Referring Patients for Suspected Prostate Cancer
11.06.20**

Please see details below regarding an **update** to the guidance (previously amended April 2020) for referring patients for **suspected prostate cancer**.

- GPs should continue to refer men with suspected prostate cancer on the current 2ww form
- GPs should undertake PSA testing in *symptomatic* patients in line with NICE guidelines (new lower urinary tract symptoms, visible haematuria, unexplained non-visible haematuria WITH dysuria or raised WCC on blood test)
- GPs should continue to undertake PSA testing in *asymptomatic* patients following Public Health England's Prostate Cancer Risk Management Guidelines on the risks and benefits
- GP's should take the opportunity to discuss the need for men to attend secondary care for their investigations and address or reassure them regarding any concerns they have.

To note:

GPs should be mindful that finding and treating localised prostate cancer only benefits men with a life-expectancy of 10 years or more. GPs should also counsel patients as to the risk of Covid19 to them and their individual risk of developing severe sequelae of Covid19 due to presence of co-morbidities and that delaying any PSA test by a few weeks will not be harmful to most patients.

If men wish to have a PSA test following this discussion then GPs should also advise patients that the best practice diagnostic pathway is: upfront multiparametric MRI; if required and indicated transperineal biopsy, whilst invasive, will be accurate and targeted based on information from the MRI and carries a low risk of biopsy-related sepsis.

If there is a high risk that the patient is likely to have prostate cancer GPs should advise men there are a number of safe and effective treatment options that are continuing to be offered in sites in each sector that have developed safe approaches to minimise Novel Coronavirus exposure. The GP should strongly advise the patient to attend secondary care for timely diagnosis and treatment.

(Approved by the Pan-London Urology Tumour Working Group meeting on 10.06.20)

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