Pan-London Suspected Urological Cancer Referral Guide

Prostate: Criteria for offering diagnostics

- After appropriate counselling, offer **prostate specific antigen (PSA) test** and **digital rectal examination** to assess for prostate cancer in patients with any lower urinary tract symptoms including:
  ● Nocturia ● Urinary frequency ● Hesitancy ● Urgency or retention ● Erectile dysfunction ● Visible haematuria
- Where the result is just below the age-specific threshold, consider repeating the PSA test after one month. A number of decision support tools are available to assist patients in deciding whether to proceed with a PSA test (see references).
- **Asymptomatic men with a life expectancy of clearly less than 10 years should be recommended against an initial or repeat PSA test as they are unlikely to benefit**.

The GP should ensure that **up to date (within 3 months) eGFR / renal function,** imaging reports and other relevant investigations are available for the specialist when the patient is seen. Please also let the team know if patient is not suitable for MRI (e.g. has a pacemaker). This will enable the urology team to assess the patient's suitability or not for **straight to test** pathway**.**

Prostate: Referral Criteria

- PSA level is above the agreed age-specific reference ranges **and UTI excluded**
- PSA levels remain above London agreed age-specific reference ranges 8 weeks **after treatment for UTI**
- PSA level > 20 (even in presence of UTI)
- Prostate feels malignant on digital rectal examination

Elevated Age Specific PSA Levels (NICE)	
Age	PSA level
Below 40	Use clinical judgement
40–49	More than 2.5
50–59	More than 3.5
60–69	More than 4.5
70–79	More than 6.5
Above 79	Use clinical judgement

Prostate cancer: Risk Factors

- Patients with a prostate over 50, and risk increases with age (average age of diagnosis:70-74 years)
- Parent or sibling with either prostate or breast cancer and with increasing risk if relative was less than 60 years old when diagnosed or are BRCA1/2 carriers.
- Patients with ethnicities listed as 'Black African', 'Black Caribbean' and 'Black Other' have a 1 in 4 lifetime risk of prostate cancer.

Safety netting: The GP has clinical responsibility for ensuring appropriate follow up and onward referral is arranged for patients referred on direct access investigations. 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.

SUSPECTED UROLOGICAL CANCER REFERRAL

For Testicular, Bladder, Penile and Renal cancer, please see over

document updated June 2022

Transformation Partners in Health and Care

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Criteria for offering diagnostics

Testicular cancer Diagnostics

- Arrange direct access ultrasound scan for patients with **unexplained** or persistent testicular symptoms.
- When there are clinical concerns of a testicular cancer and GP doesn't have access to urgent ultrasound, refer patient urgently to the urology service where imaging and tissue diagnosis will be organised.

GP does not have direct access imaging

Bladder/ Renal cancer Diagnostics

- Arrange direct access ultrasound scan for patients with **unexplained** renal symptoms.
- Offer 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.
- GPs should consider non-urgent referral for bladder cancer in people aged 60 and over with recurrent or persistent **unexplained** urinary tract infection.

Testicular: Referral criteria

- Patients with **unexplained** or persistent testicular symptoms:
  - A solid intra-testicular lump
  - Non-painful enlargement or change in shape or texture of the testis
- Abnormal testicular ultrasound suggestive of cancer.

Bladder/ Renal: Referral criteria

- **Adults aged ≥45 with:**
  - Visible haematuria without UTI
  - Visible haematuria that persists or recurs after successful UTI treatment
- Abnormal ultrasound suggestive of renal malignancy
- **Adults aged ≥60** with unexplained non-visible haematuria and dysuria or a raised white cell count on a blood test.

Penile: Referral criteria

- Penile mass or ulcerated lesion, where a STI has been excluded
- Persistent penile lesion after treatment for STI has been completed
- Unexplained or persistent symptoms affecting the foreskin or glans.

SUSPECTED UROLOGICAL CANCER REFERRAL

RESOURCES:

1. Suspected cancer: recognition and referral, NG12 (Feb 2021) https://cks.nice.org.uk/topics/urological-cancers-recognition-referral/
2. PSA Options Grid Shared Decision Making https://patient.info/news-and-features/psa-testing-options and https://optiongrid.org/interactive-app/61/
3. RCGP Prostate Cancer: Early Diagnosis in General Practice http://elearning.rcgp.org.uk/course/view.php?id=132
4. BMJ Learning Prostate cancer: a guide for GPs and non-specialists: putting NICE guidelines into practice https://learning.bmj.com/learning/search-result.html?moduleId=10032255
5. Prostate Cancer UK Professional resources http://prostatecanceruk.org/for-health-professionals/guidelines