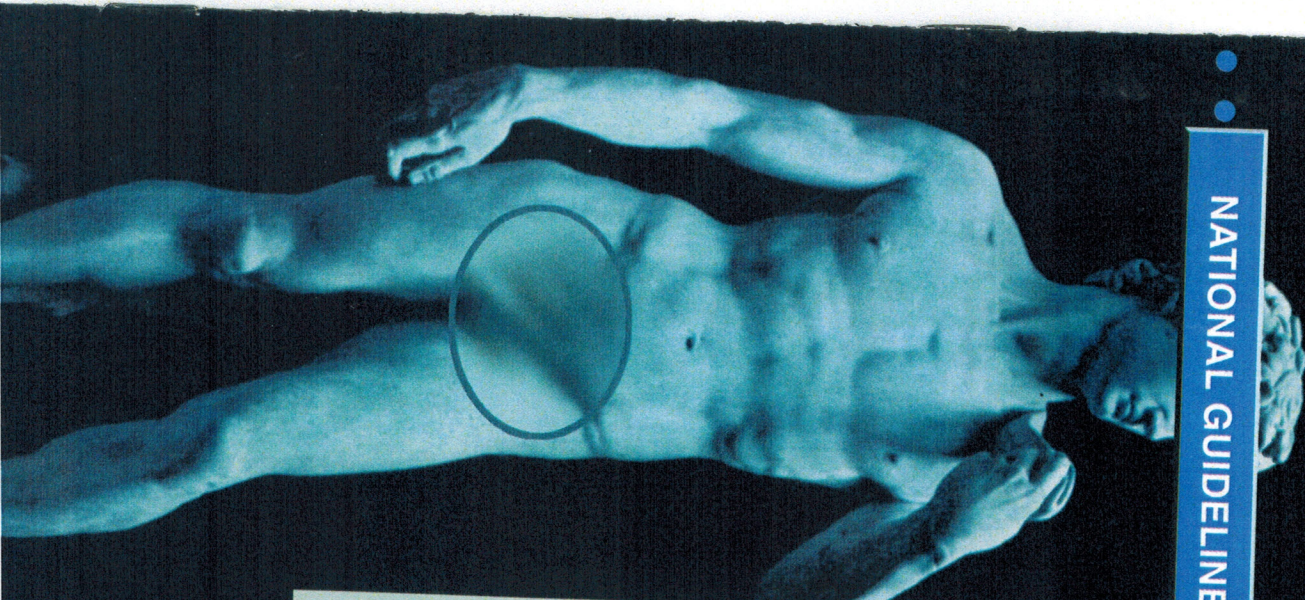


NATIONAL GUIDELINE



**Testing for
prostate
cancer
at primary
level
and hospital
level**



DEPARTMENT OF HEALTH
Republic of South Africa

FOREWORD

The incidence of prostate cancer has increased in the last few years, and thus the lifetime risk of men developing this cancer has increased.

If prostate cancer is detected early, the progression can be delayed and the burden of the disease can be decreased.

Men over the age of 50 years should be encouraged to attend the health care facilities to access this programme, to ensure that possible abnormalities in the prostate are detected early and treated. Every health care provider has the responsibility to provide the necessary information, health care and support to assist the client.

Using present technology, approximately $\frac{1}{3}$ of all cancers can be cured if detected early.

An effective national control programme can be achieved by pooling the country's existing resources and expertise.

My appreciation and thanks to everyone who was involved in the development of these guidelines, for your time and skills.

DR MANTO TSHABALALA-MSIMANG
MINISTER OF HEALTH

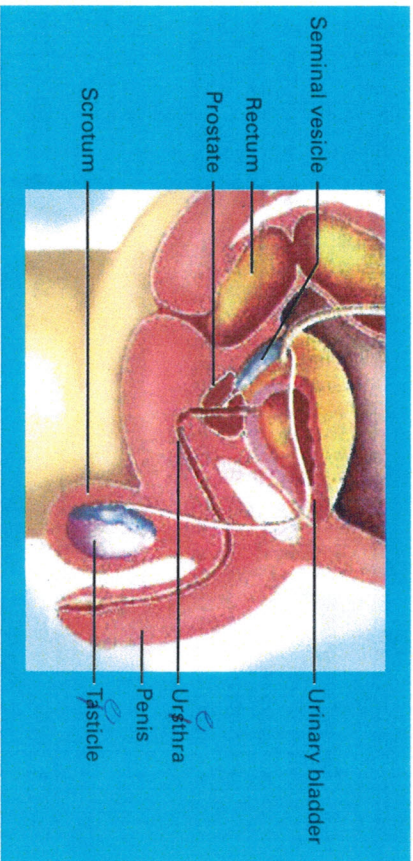


AIDS HELPLINE
0800-012-322

INTRODUCTION

The prostate gland is located below the urinary bladder and the urethra runs through it. The prostate's normal function is to make part of the seminal fluid that is ejaculated during intercourse. The prostate can be affected by cancerous and non-cancerous enlargement. The prostate can be benign prostatic hyperplasia (BPH) or infection (prostatitis). Prostate cancer is the number one cancer, excluding skin, diagnosed in men in South Africa and mostly affects older men. It is the number two cause of cancer death amongst men in South Africa.

Figure 1. The male urogenital system, showing the prostate immediately below the bladder and surrounding the urethra



Source: <http://www.phoenix5.org/infotlink/Physiology.html>

OBJECTIVES

1. To reduce morbidity associated with prostate cancer and delay progression of the disease.
2. To reduce excessive expenditure of scarce health resources spent on treatment of invasive cancer and palliation.

RISKS FOR PROSTATE CANCER

1. Age
Age is the major risk factor. Men over 50 years are at risk.
2. Race
Empirical evidence in South Africa indicates that black males present earlier (7-10 years) with more advanced disease.
3. Family history
Men who are 45 years and older with a strong family history. There is a ± 4 fold increase in risk of getting prostate cancer if a father or brother had the disease.

TESTING FOR PROSTATE CANCER AT PRIMARY AND HOSPITAL LEVELS

1. Target population

- Men older than 50 years:
 - who request a PSA.
 - with a life expectancy more than 10 years.
 - who have been well informed about the disease, tests and treatment.
 - who are willing to accept the responsibilities related to testing e.g. return for results, consent to additional diagnostic tests and treatment.
 - who did not have a PSA test (less than 4ng/ml) in the previous two years.
- Every male who attends a health facility and fits these criteria, should have a PSA.

2 Tests

2.1 Prostate Specific Antigen (PSA)

An antigen is a medical term for a substance that stimulates the body to make antibodies. PSA is a protein found in the serum and is unique or specific to prostate cells. PSA is present in all normal prostate tissue. A small amount of PSA is usually found in the bloodstream and is measured by means of a blood test.

What causes PSA to rise?

Any condition / infection that affects the prostate can cause the PSA to rise. Any rise in PSA may indicate the presence of cancer, but is not diagnostic. An elevated PSA does NOT mean the person has cancer. Only a biopsy or surgical resection can diagnose cancer. If prostate cancer cells spread to other areas these cells will also produce PSA.

PSA is also useful in monitoring treatment.

2.2 Digital Rectal Examination (DRE)

DRE often detects prostate cancer when it is not organ confined.

If a rectal examination cannot be done at primary level the person with a PSA more than 4 ng/ml should be referred to the next level where it can be done.

3. Frequency of PSA testing

PSA less than 2.5ng/ml - every three years
PSA more than 2.5ng/ml - every year

4. Referral

Men with a PSA more than 4ng/ml, with/without a rectal examination having been performed.

Men with a PSA less than 4ng/ml, who have not had a rectal examination, but have a strong family history of prostate cancer.

Men with a PSA less than 4ng/ml, with clinical suspicion of prostate cancer on rectal examination.

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