

Management

Primary Care management includes

- PSA testing of asymptomatic men or screening for prostate cancer is not national policy. It is recommended that a PSA test, except in men clinically suspicious of prostate cancer, should only be performed after full counselling and provision of written information.
- Indeterminate swellings of the testis have a low probability of being due to cancer, especially in men over 55 years, and should be considered for ultrasound before referral.

When to refer

All patients with with a suspected urological cancer must see a specialist within two weeks of their GP deciding that they need to be seen urgently and requesting an appointment.

Urgent out-patient referral [liaise with specialist and copy to CAS]

- Macroscopic haematuria in adults.
- Microscopic haematuria in adults over 50 years.
- Swellings in the body of the testis.
- Palpable renal masses.
- Solid renal masses found on imaging.
- An elevated age-specific PSA in men with a ten year life expectancy.
- A high PSA (greater than 20 ng/ml) in men with a clinically malignant prostate or bone pain.
- Any suspected penile cancer.

Refer to CAS

- Microscopic haematuria in patients under 40 years should be considered for referral to a nephrologist, especially if there is proteinuria, hypertension, or renal impairment.
- Swellings outside the body of the testis are hardly ever due to cancer and need not be referred urgently.

Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.