Provincial Primary Care Asymptomatic Routine Prostate Specific Antigen (PSA) Testing Pathway

This pathway is intended for asymptomatic routine testing of PSA. Symptoms and/or Digital Rectal Exam (DRE) findings need to be investigated.

The decision to undergo PSA testing is an individual one based on an exploration of the potential harms and benefits during a shared decision-making conversation.

1. History

Do not complete routine asymptomatic PSA testing on men ≥70 or who have a life expectancy ≤ 10 years

Complete shared decision-making conversations with:

Men between 50-70

- ≥45 years old with increased risk of prostate cancer
- With a life expectancy greater than 10 years

Shared Decision-Making Guide. See link above for details.

Risk Factors for Prostate Cancer:

- 1st degree family history
- Predisposing germ line mutations

If shared agreement to have testing

2. Investigations

Complete both:

- PSA Test **and**
- Digital Rectal Exam (DRE)

3. Red Flag(s) present?

- Prostate has a hard mass or nodule, induration, or asymmetry
- PSA ≥20 µg/L

No

Yes

4. Test

PSA ≤1 µg/L

Repeat PSA & DRE every 4 years until aged 70

PSA 1-3 µg/L

Repeat PSA & DRE every 2 years until aged 70

PSA >3 µg/L

PSA 1-3 µg/L

PSA >3 µg/L

PSA >3 µg/L

Further Investigations:

- Urinalysis (If urinalysis is abnormal, then complete a urine culture)
- Perform a second PSA test at least 4 weeks apart

PSA >3 µg/L on second test?

Yes

No

5. Refer to Urology

See referral guideline tab for details.

6. Consider Non-Urgent Advice

if inconsistent results, or if questions remain about appropriateness for referral. See referral guideline tab for details.