All about PSA

(prostate-specific antigen test)

PROCURE
CANCER — PROSTATE

Free medical helpline 7 days a week
1 855 899-2873

What is PSA?

PSA (prostate-specific antigen) is a protein produced by the prostate. Its role is to help liquefy semen. Measuring PSA levels in the blood provides insight into overall prostate health. It is not solely a marker for prostate cancer.

To learn more, watch: "Symptoms, risk and screening"

Why get a PSA test?

A PSA test is a blood test that measures the amount of free and bound PSA in the blood. No preparation is required before the test. The decision to undergo a PSA test should be discussed with a healthcare professional based on age, family history, and overall health.

A PSA test is conducted for the following reasons:

- Early detection*: Identifying prostate cancer at an early stage
- Medical monitoring: Tracking the progression of known prostate cancer
- Post-treatment evaluation: Assessing the effectiveness of treatments

**Currently, the use of a PSA test as a screening tool for prostate cancer remains a topic of debate within the medical community. Many doctors recommend PSA screening only for men with a life expectancy of more than 10 years.*

A family history of prostate cancer or related cancers such as breast, ovarian, or pancreatic cancer in your immediate family may influence a doctor's recommendation.

This is why open discussions with your physician are essential to determine if a PSA test is right for you.

How to interpret the results?

PSA levels are measured in nanograms per milliliter of blood (ng/mL) and naturally increase with age. The following values are generally considered normal:

40 to 49 years:	0 to 2.5 ng/mL
50 to 59 years:	0 to 3.5 ng/mL
60 to 69 years:	0 to 4.5 ng/mL
70 years and older:	0 to 6.5 ng/mL

Key points:

- A PSA level within the normal range does not guarantee the absence of prostate cancer.
- A high PSA level does not necessarily mean cancer is present. Other factors that can influence PSA levels include:
  - Benign prostatic hyperplasia (BPH)
  - Prostatitis (infection or inflammation of the prostate)
  - Recent sexual activity
    - Avoid ejaculation for up to 48 hours before your test, as it may temporarily increase PSA levels.
    - Anal penetration or prostate stimulation during sexual activity can temporarily raise PSA levels. It is recommended to avoid these activities for a week before the test.

How often should PSA be tested?

Testing frequency depends on several factors, including age, family history, and personal risk factors.

For more information, consult our blog post: "I was told not to do the PSA test"

Risk profile	Age	Recommendation	Follow-up frequency
Family history of prostate, breast, ovarian, or pancreatic cancer OR Afro-Caribbean descent	40-45 years	Your doctor may consider earlier screening	If results are normal: follow-up every 1 to 2 years OR If initial PSA is over 1.0 ng/mL: closer monitoring may be considered
Asymptomatic, no risk factors	50 years and older	Discuss with your doctor whether a PSA test and digital rectal exam (DRE) are appropriate	If results are normal and stable: follow-up every 2 to 4 years

What if PSA is elevated?

If your PSA level is high, your physician may recommend:

- Retesting: There is a 20 to 25% chance that PSA levels will return to normal on a follow-up test
- Further evaluation: MRI, biopsy, or other tests to refine the diagnosis

A rapid increase in PSA from year to year, even within normal values, may require further assessment.

Who has a prostate?

- *Men*
- *Trans women*[1]
- *Non-binary individuals assigned male at birth*[2]
- *Some intersex individuals*[3]

When to stop PSA screening?

After ages 70-75, the decision depends on overall health and life expectancy. Some physicians recommend continuing PSA screening for healthy men if life expectancy is at least 10 years. The key remains an open and transparent discussion with your doctor.

Read more in our blog post: "Yes or no for a PSA test for men over age 70"

Questions to ask your doctor about PSA screening:

- Would screening be beneficial for me, considering my age or family history? If not, why?
- Is it risky to wait for symptoms before getting screened?
- I would like to understand the benefits and limitations of the test while maintaining my choice to take it.

Our healthcare professionals are available to answer your questions and those of your loved ones, seven days a week. Call us at **1 855 899-2873** or visit **procure.ca**

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1— Individuals assigned male at birth who identify as female. Trans women can develop prostate issues, even if they have taken hormones or undergone gender-affirming surgery. The prostate is usually not removed during this surgery. **2—** Those who do not identify strictly as male or female. **3—** Some intersex individuals may have a prostate, depending on their biological characteristics.

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PROCURE remains responsible for the complete, impartial, and independent production of the content.
This document serves as a guide to facilitate discussions between patients and their medical team, ensuring they have all necessary information to make informed decisions about their health.

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