

High PSA and prostate cancer: what the number means and next steps

PSA is a protein made by prostate tissue, and many things besides cancer can raise it, so an unexpected result is the start of an interpretation rather than a diagnosis. If concern remains, MRI and biopsy answer what PSA cannot, and treatment, from active surveillance to surgery or radiation, is matched to the cancer's risk and the life you want afterward.



Figure 20.1. The PSA Interpretation Pathway. PSA begins a risk assessment; it does not by itself establish whether cancer is present or whether biopsy is necessary.

Key points

- PSA can rise with benign enlargement, inflammation, infection, recent instrumentation and urinary retention, not only cancer.
- Confirming a newly elevated PSA before escalating is quality control, not dismissal.
- PSA density relates PSA to prostate size; the same value means different things in large and small glands.
- An MRI PI-RADS score estimates suspicion; it is not a Gleason grade, Grade Group or stage.
- Active surveillance is an active program, not neglect, and is appropriate for many low-risk cancers.
- Treat the risk, not the word cancer.

Get prompt care if you notice

- Fever, shaking chills or inability to urinate after a prostate biopsy
- Significant deterioration after a biopsy
- Sudden complete inability to urinate

Questions to ask your urologist

- Should my PSA be repeated before we take another step?
- How do my trend, prostate volume, medications and family history affect my risk?
- What decision would a biomarker or MRI change for me?
- Why does the proposed biopsy route and sampling plan fit my situation, and who will explain the results?
- What is my cancer's risk category, and have we discussed surveillance, surgery, radiation, focal and systemic options?
- How could each option affect urination, sex and bowel function compared with how I function now?

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