Top Tips Urgent Suspected Urology Referrals

PROSTATE CANCER

Diagnostic assessment including PSA and DRE:

1. Consider a PSA to assess for prostate cancer in people deemed at high risk of prostate cancer (black men, family history) or who have LUTS, and presentation does not suggest UTI.
2. Do not routinely check PSA if UTI is suspected - send urine MCS and treat as appropriate.
3. For men aged over 80, or younger patients with a life expectancy <10 years, do not routinely check the PSA unless there are symptoms concerning for metastatic disease. Refer if symptoms present and PSA>7.5, or for any PSA>20.
4. DRE is not mandatory for assessing prostate cancer risk. If DRE abnormal but PSA normal, discuss with Urologist before referring.
5. Advise patient to avoid sexual activities and vigorous exercise for 3 days prior to PSA test.

Interpreting raised PSA results:

6. If UTI is confirmed and the age-specific PSA result is <20, treat UTI and arrange repeat PSA **8 weeks** after treatment. Refer via urgent suspected cancer route (USC) if PSA remains above age-specific threshold at 8 weeks post treatment.
7. If UTI is confirmed and **PSA is >20** OR **prostate malignant on DRE**, refer via USC.
8. If UTI is excluded, check PSA and refer via USC if PSA above age-specific threshold.
9. PSA will be reduced by previous radical prostate treatment and by approx. 50% in men taking finasteride. In these instances, check previous baseline if result is in the normal range.
10. Where result is just below age-specific threshold, consider repeating PSA in 12 weeks.

KIDNEY CANCER

1. Any **solid kidney mass** or **complex renal cyst** on US - refer via USC.
2. If **simple or benign cyst** reported on US:
   - If symptomatic get urology advice
   - If asymptomatic no further follow up is needed.
3. If a radiology report does NOT mention the above specifically, please do not refer but ask the reporter to confirm **whether it is a benign simple cyst.**
4. Bilateral renal cysts - refer to nephrology with BP, U&E and urine microscopy for RBC/protein.

BLADDER CANCER

1. Refer USC if any presentation with visible haematuria and UTI excluded in adult ≥45 years.
2. Non-visible haematuria (NVH) is considered significant if present in 2 out of 3 samples. If dipstick finding of NVH:
   - 2 - 3+ = definite positive result
   - 1+ = request urine microscopy to confirm if blood present
3. Assess all patients with NVH for dysuria, raised white cell count on FBC or recurrent / persistent UTI, as these features are associated with an increased risk of bladder cancer
4. If unexplained significant NVH present:
   - If age ≥60 years – refer USC
   - If age <60 years – obtain urology or nephrology advice.

TESTICULAR CANCER

1. Arrange urgent ultrasound scan (US) if solid testicular lump or painless enlargement of testicle. If urgent US not available, refer USC.
2. US for non-testicular lumps or chronic scrotal pain does not require urgent US or USC.

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