PSA blood test pros and cons: Quick Guide

PROSTATE CANCER UK

Who is at risk of prostate cancer?

- Prostate cancer mainly affects men aged 50 and over
- Black men have double the risk (1 in 4) compared to non-Black men
- Men with a family history prostate cancer (father or brother) are 2.5 times more like to be diagnosed
- Men with BRCA a gene variation. NB: the UK National Screening Committee recommends targeted screening for men with BRCA2 variant and family history of breast, ovarian, pancreatic or prostate cancer
- Trans women and non-binary people can also get prostate cancer, but their risk may be different – read our information for trans and non-binary people.

The PSA blood test

The first step to check for prostate cancer is the prostate-specific antigen (PSA) blood test.

Our research found that men think it's always good to have routine tests for cancer, and this is why they need information to help them understand the pros and cons to PSA testing.

The PSA test cannot diagnose prostate cancer on its own. A patient's result should be considered alongside their personal risk, symptoms and existing health conditions.

To discuss with patients



How can there be cons to having a PSA test?

A raised PSA doesn't always mean prostate cancer. 3 in 4 men who have a raised PSA don't have prostate cancer. If the PSA is raised, further tests such as an MRI scan and biopsy may be needed to confirm or rule out cancer.

Unlike other cancers, the test can lead to a diagnosis of slow-growing prostate cancer that won't cause problems or shorten the patient's life. In these cases, treatment can cause more problems than the cancer itself.

The side effects of treatment include incontinence and problems getting an erection. Knowing you have prostate cancer – even if it's slow growing – can also cause anxiety.



What are the pros of having a PSA test?

Prostate cancer often causes no symptoms in its early stages – but the PSA test is the first step in finding aggressive prostate cancer early.

When prostate cancer is found early, there are more treatment options available.

Symptoms your patient should look out for

Unlike other cancers, prostate cancer often has no symptoms in the early stages.

If your patient notice changes in their wee or it becomes painful, this could highlight a prostate problem.

Problems getting an erection (erectile dysfunction) and lower back or hip pain can be signs of prostate problems too.

Your patient needs to choose if a PSA test is right for them.

How patient research shaped this guide

In 2026 Prostate Cancer UK commissioned specialist researchers to test messages about the pros and cons of the PSA test. **Feedback from over 2,400 men, including 400 Black men, were included in the study.** Here's a top line summary of the findings, that have been used to create this guide:

1. Disrupt hard wired beliefs:

> Cancer has always been seen as a death sentence."

We saw in the research that men believe testing is always a good thing, cancer is bad, and having treatment for cancer is always good. Therefore, when statements are surprising or counter-intuitive – it's good to name it, for example:

> You might think it's always good to have routine tests for cancer, but there are pros and cons to PSA testing."

2. Stats only help in small doses:

> Double statistics. One is ok, but I tried instantly to work out the mixed odds in my head."

Stats were not always perceived as credible and drove men to seek further information (i.e. reduce trust in the information they've read). Words offer more pause for thought across the narrative than numbers.

A raised PSA doesn't always mean you have cancer. 3 in 4 men who have a raised PSA don't have prostate cancer.

3. Presenting the 'cons' before the 'pros':

A test having 'cons' is counter-intuitive — if it comes after the 'pros' people stop reading the message because it causes cognitive dissonance, but putting up front can be surprising and engaging.

Previously Prostate Cancer UK communicated, **'Facts about the PSA test'**, we now clearly spell out the 'cons' and the 'pros'.

4. Less is more:

> It is confusing – too many issues lumped together."

Short statements support memorability; long statements drive confusion.

5. Be specific about harms:

Men were unclear of what 'harms' could come of testing – but did understand and recall "incontinence and problems getting an erection".

6. Hedging language erodes trust:

> It's a long statement with ifs and buts making it confusing."

So, words like "may" or "can" drive confusion, so try to reduce using these words were possible when discussing with a patient.

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