

Elevated PSA: What Happens Next?

An elevated PSA does not automatically mean prostate cancer. We use a step-by-step approach to understand your risk and decide whether a biopsy is needed.

1. What PSA Means

- PSA is a blood test that reflects **prostate activity**. It is not a cancer test by itself.
- PSA can be higher from an enlarged prostate/BPH, infection or inflammation, recent ejaculation or sexual activity, urinary irritation/procedures, or prostate cancer.
- Because there are many possible causes, we usually gather more information before deciding on biopsy.

2. MRI and Risk Review

- In most patients, the next step is a **prostate MRI**. The patient is responsible for scheduling the MRI; we have a separate handout for imaging scheduling.
- The MRI gives a **PI-RADS score**, which estimates how concerning an area looks on MRI.
- The MRI also measures prostate size, which lets us calculate **PSA density**: PSA compared with prostate volume.
- I also consider age, family history, prior biopsy history, overall health, and sometimes a prostate cancer risk calculator/nomogram.

3. Biopsy vs. Monitoring

- Not every elevated PSA requires biopsy. After the MRI and risk review, options may include repeat PSA testing, continued monitoring, or biopsy.
- A digital rectal exam, or DRE, is **not required for every patient** as part of modern screening, but it can be done if indicated or requested.
- The goal is to avoid unnecessary biopsies while still finding cancers that matter early enough to treat appropriately.

4. If a Biopsy Is Recommended

- If biopsy is recommended, I perform a **transperineal prostate biopsy**, through the skin between the scrotum and anus.
- I take samples from **10 standard template sectors** of the prostate.
- If the MRI shows a region of interest, I usually take **2-3 targeted samples** from each MRI abnormality.
- Before biopsy, our team screens for blood thinners, anesthesia needs, heart/lung history, and any required clearances.

Our approach: Elevated PSA workup is a multi-stage process. When you are first referred, the evaluation is often not complete yet. The MRI, PSA density, and risk assessment help us decide the safest next step. My office will contact you after the MRI if biopsy or additional steps are recommended, and we will partner with you along the way.