

OUR CONCLUSIONS & RECOMMENDATIONS ON SCREENING

UK PCa mortality is far higher than other western, developed countries as a direct consequence of our lack of awareness and lack of effective screening – over half of the new cases still present in the UK with advanced cancer. We recommend:

- Follow the international guidelines. If necessary quote PCaMP. Don't be put off having a PSA test, especially if you are in a risk group.
- Always record your results
- NB. A single, random PSA test is of minimal benefit. The biggest gains – 40-50% falls in mortality – are achieved by having repeated PSA tests in a programme, starting in your 40s or early 50s. The frequency of testing can be determined by your risk factors and initial PSA result. Therefore, stay in a 'programme' and repeat your PSA at intervals until you reckon you have no more than 10 years natural life expectancy, by which time you will be through the danger period.

We conclude that the benefits of screening now clearly outweigh the disadvantages and that an effective screening programme is the only way to reduce substantially our unsatisfactory death rate.

All facts stated in this leaflet can be fully referenced via publications on the Tackle and CHAPS websites.

We hope this information will enable men to make an informed choice on having a PSA test.



CHAPS is a men's health charity dedicated to raising awareness and screening for all men's health issues and PCa in particular.

Tackle Prostate Cancer is the campaign name of The National Federation of Prostate Cancer Support Groups, charity no. 1163152. Tel no. 0800 035 5302. To find a support group near you, consult our website: www.tackleprostate.org/find-a-support-group-near-you.php For screening events see: www.tackleprostate.org/psa-testing-days.php

Prostate Cancer Charities & Screening Organisations

Barry Kilby Prostate Cancer Appeal:
www.facebook.com/bkpc
info@thebkpc.com
01282 685 400



CHAPS: www.chaps.uk.com
info@chaps.uk.com
01206 321253



Graham Fulford Charitable Trust:
www.psatests.org.uk
gfcharitabletrust@gmail.com
01926 419959



Leighton Hospital Prostate Cancer Group:
www.prostateleighton.org.uk
info@prostateleighton.org.uk
07773 968842



Orchid: Fighting Male Cancer
www.orchid-cancer.org.uk
info@orchid-cancer.org.uk
0203 745 7310



PCaSO: www.pcaso.org
info@pcaso.org
0800 035 5302



tackle

prostate cancer

Action for patients and their families
Registered Charity No 1163152

PROSTATE CANCER SCREENING & THE PSA TEST

What All Men Need to Know



Registered Charity No 1045849

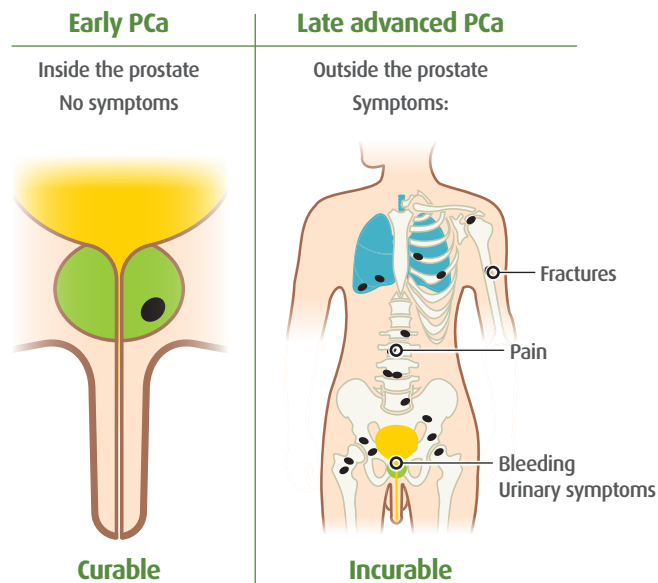
THE PROSTATE GLAND & CANCER

The prostate gland lies under the bladder and encircles the urethra, the tube that carries urine out of the bladder into the penis. It is about 3cms in diameter and produces fluid to nourish sperm in a man's ejaculate.

Prostate Cancer (PCa) is the commonest major cancer in UK men and the second commonest male cancer killer causing over 47,000 new presentations and over 11,800 deaths each year.

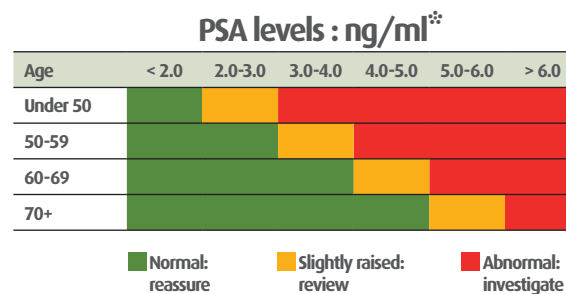
Prostate problems arise in two main forms:

- **Benign enlargement** affects most men over 65 and causes urinary symptoms such as a slow flow and frequent peeing, especially at night. It is easy to treat when caught early.
- **Cancer**, which normally grows slowly and causes no symptoms until it has spread. That is why screening has to be done **before** symptoms arise whilst the cancer is still inside the prostate and curable.



HOW WE SCREEN FOR PCa

Screening is done simply by a blood test called Prostate Specific Antigen (PSA), a protein produced only by the prostate. Small amounts seep into the bloodstream and increase with age or if problems develop such as benign enlargement ("hyperplasia" – BPH), inflammation ("prostatitis"), infection or cancer. PSA is thus specific to the prostate but to no particular condition. PSA remains the only simple test available to detect PCa at an early, curable stage. About 1 in 3 men with a raised PSA will have PCa and require further investigation.



*These levels are slightly higher than Dept of Health and slightly lower than the British Association of Urological Surgeons recommendations:

DoH: www.cancerscreening.nhs.uk/prostate/prostate-booklet-text.pdf
 BAUS: www.baus.org.uk/_userfiles/pages/files/Publications/MDT%20Prostate%20Cancer%20Guidance.pdf

THE UK POSITION ON PCa SCREENING

The National Screening Committee's 2016 advice, reiterated to GPs, is that "the harms of screening outweigh its benefits". Although some men benefit from early detection and cure, a larger number are "harmed" psychologically or physically by invasive biopsies, imprecise or misleading results and surgery or radiotherapy for screen-detected, non-aggressive cancers that posed no threat.

Though the NHS's Prostate Cancer Risk Management Programme (PCRMP) was sent to all GPs in 2016 and entitles men over 50 to a PSA test, many GPs are unaware of this or counsel against the test.

UK ADVANCES IN SCREENING & EARLY DIAGNOSIS

Do the harms still outweigh the benefits?

No! The 2016 advice has been outdated by advances in European and UK clinical practice:

- Screening programmes in Europe are showing 40-50% falls in PCa mortality.
- Use of PSA fractions and other biomarkers can improve prediction of significant/insignificant PCa
- Negative MRI scans can safely reduce the need for biopsy and reduce "overdiagnosis" of insignificant PCa.
- Positive MRI scans can better locate significant PCa and improve biopsy techniques.
- Active Surveillance is now used extensively to prevent over-treatment of insignificant PCa.
- UK "over-treatment" rate is down to 8% and falling.

WHO SHOULD CONSIDER PCa SCREENING?

International expert urological panels recommend:

- For all men, obtain a baseline PSA in your 40s to predict future risk then continue testing with the frequency determined by your risk.
- Not screening men below 40 or with less than 10 years' life expectancy.
- Black men or mixed race men of African or Caribbean descent who have a 1 in 4 lifetime risk of PCa and should start screening in their 40s.
- If your father, brother or uncles have had PCa or there is breast cancer on your mother's side, your risk is at least doubled, so start screening in your 40s.