



To all Support Groups

PSA Consensus : A more informed approach

Maligned, misunderstood and imperfect it may be, but the PSA test is the only currently approved initial test for prostate cancer. Opinion is divided as to whether screening should be introduced, but this is unlikely to happen in the short term. What everyone agrees is needed now is clearer advice for health professionals so that we can improve early diagnosis and reduce the risk of prostate cancer remaining undetected.

As a result of collaborative working between many of the agencies involved in and around prostate cancer¹, (including Tackle) a new set of PSA testing guidelines has been produced. These were published earlier this week and you may well have seen reports in the national press. The guidelines deal with whether to have a PSA test or not, when to have the test and how often it should be repeated. There are 13 statements in total and you can find them on our [PSA Consensus](#) page. Not everyone is going to agree with every statement but they are an incremental step forward. Some of the wording could have been stronger and Tackle takes exception to the final statement saying the PSA test should not be used for a national screening programme, particularly as we are seeing increasing emphasis on active surveillance as a preferred option for many men. Stating a lack of support for screening also seems to undermine some of the earlier statements.

Professor Frank Chingwundoh MBE, a member of the group developing these guidelines and Chair of Tackle's Clinical Advisory Board (CAB), had this to say: "These revised guidelines on PSA testing may not satisfy those who think screening should be introduced, but by recommending a risk based assessment and a more informed approach to PSA testing I believe this will contribute to improving early diagnosis. It is a step in the right direction". Dr Chris Booth, another of our CAB members said "This is an excellent piece of work which I sincerely hope has the clinical impact that we hope for". Dr Jon Rees, a GP specialising in urology and also a CAB member had this to say in *The Pulse*, a GP journal "These consensus statements offer us some much needed support and guidelines. We consistently fail to make decisions on whether to test or whether to refer for prostate biopsy that are based on an individualised assessment of risk, relying instead on the PSA "normal range" alone. But prostate cancer risk factors are the greatest weapon we have. These statements make a strong case for better risk assessment in primary care, and hopefully better targeting of high risk men, while at the same time reducing unnecessary interventions for those at low risk."

Getting the new guideline message across to clinicians in primary care is a key challenge. This is where we need your help. We would like to use your excellent networks, influence and experience of our patient-led organisation to help disseminate and promote the new guidelines. A similar

¹ Including Prostate Cancer UK, Tackle Prostate Cancer, BAUS, BAUN, RCGPs, Department of Health, and leading clinicians

exercise is being carried out directly with health professionals, organised by Prostate Cancer UK. They have also asked if our support organisation can help. We hope that groups will help us to ensure their local GPs and men in their area are aware of and encouraged to use this consensus, as guidelines for better use of the PSA test. One useful tool that has been developed by Prostate Cancer UK, with Tackle input, is an online reporting tool aimed at recording instances of where men have visited their GP to discuss a PSA test. We know experiences are varied across the country so trying to identify some of the problems would be really helpful. If you know someone who might wish to provide this feedback you can find the online form on our website at [PSA Conversation](#).

You may also have noticed that in parallel with publishing the PSA Consensus guidelines, Public Health England have revised the guidance given to GPs, in what is known as the Prostate Cancer Risk Management Programme (PCRMP). Although the 13 PSA Consensus Guidelines echo some of what is in the PCRMP, there are other PCRMP statements that Tackle would challenge and we are currently reviewing how to respond to this revision, with the help of our Clinical Advisory Board. Watch this space for more information. If you want to read the revised PCRMP in the interim you can find it on the official web site at [PCRMP](#).

Finally, Tackle remains firmly committed to continue to advocate and campaign for even stronger messages in support of early detection and wider PSA testing. Men need to be offered an opportunity to be diagnosed at an earlier stage to give better outcomes. Rest assured we remain the voice of prostate cancer patients and their families.



Roger Wotton

Chairman, Tackle Prostate Cancer

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