INTERNATIONAL CENTRE for PARLIAMENTARY STUDIES

Prostate Cancer Roundtable
Brussels, 26th January 2016

Chairman: Mr John Bowis, OBE, Former MEP and UK Minister of Health

Roundtable Report for Tackle
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I was pleased to represent Tackle at this meeting attended by 47 delegates from around the EU and North America. The delegates came from a wide variety of backgrounds representing expert patient opinion, specialists in urology, oncology, radiotherapy and imaging, public health, research, pharma, technology and the European Commission. Eleven professors were present and the UK was represented by myself and Angela Culhane, Interim CEO of Prostate Cancer UK.

The delegates' brief was potentially enormous: to cover all aspects of prostate cancer from screening and early detection through the patient's pathway to all potential treatment modalities culminating in future predictions and recommendations for policy makers and governments.

The morning session was dominated by the PSA screening question. Eloquent and expert opinions were given by two patients, both long term survivors following screen detection in their 50's and radical treatment. I followed this with Tackle's opinion in support of risk based screening. A Belgian representative said that following the US Preventive Services Task Force's opinion against screening, the Belgian Health Service was no longer reimbursing PSA tests. The Austrian representative showed figures demonstrating that the percentage of men presenting in the USA with advanced disease was already rising following the USPSTF's report. I pointed that that there was no urologist on the USPSTF's panel and that their advice conflicted with that from the American Urological Association. A Belgian oncologist supported this criticism of the USPSTF stating that there wasn't a radiotherapist or oncologist on the panel either! Nobody in the room opposed PSA screening and the WHO representative said that "unofficially" the WHO supported early detection. The discussion then moved on to the importance of MRI before biopsy, its better utilisation, its quality standardisation and its reducing cost. An American delegate reported the potential benefit of a new high frequency ultrasound scan giving allegedly superior imaging to MRI; watch this space.

Second line markers were discussed but the conclusion was that nothing yet was good enough or cheap enough for universal use and PSA remained the only useful frontline tool.

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An interesting debate then occurred on the value of randomised clinical trials, how difficult it was to conduct them, their inherent delays and cost and how they frequently failed to provide answers or even reflect best practice.

The European Association of Urology (EAU) Secretary General gave an overview of the EAU as, arguably, the most influential and best connected urological association in the world and a pragmatic way forward would simply be to adopt all its recommendations. This would iron out most of the service variations that disadvantage patients. This was followed by a number of excellent points stressing the value of multidisciplinary team work, counselling, informed decision making, the value of multimodality treatments in cancer centres and the growth in active surveillance for low stage, low grade PCa.

The question of the psychological impact of screening and a positive diagnosis was raised but I don't recall a conclusion. However, a strong point was made that if screening was only directed at men "at risk", most men with PCa would not be detected.

There did not appear to be any clear messages on the direction of research and scepticism was evident on the utility of new markers and gene testing.

The afternoon concluded with all delegates being asked to state one or two of their key opinions and I was able to listen to 75% of the delegates before having to leave. The "votes" can be summarised thus:

Promote (PSA) Screening	9
Multidisciplinary Team Decisions	5
Increase education and awareness for men and primary care physicians	4
Implement existing (EAU) guidelines	4
Implement best practice and transparency of (surgical) results	3
Better/more use of MRI imaging	3
More active surveillance	1
Map the differences between the 28 EU countries	1

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