

# Prostate Cancer UK Policy Position on screening for prostate cancer using the PSA test

## Our position

Prostate Cancer UK does not support the introduction of a national screening programme for prostate cancer using the Prostate Specific Antigen (PSA) test. Research shows that screening using the PSA test could prevent a significant number of men dying from the disease<sup>i</sup>. Unfortunately, these studies also show that screening will lead to many more men being unnecessarily treated for a harmless form of the disease, often with serious side effects which impact on men's quality of life.

**We want: a) more research into finding a better diagnostic test, and  
b) to ensure all men at higher risk of prostate cancer have the information to make an informed decision about whether to have a PSA test**

## What is the PSA test?

Prostate cancer is the most common cancer affecting men in the UK and each year 10,000 men die from the disease. The PSA blood test is currently the best tool we have for helping to detect prostate cancer. We know that men with a raised level of PSA in their blood could have a problem with their prostate. This can be a sign of prostate cancer, although it can also be caused by a non-cancerous enlargement of the prostate or an infection or inflammation of the prostate.

## Background

In the UK there have been calls for a screening programme for prostate cancer using the PSA test to be introduced<sup>ii</sup>. Many men with prostate cancer feel that having a PSA test meant their cancer was diagnosed at a stage when it could be treated, and they would like all men to be able to benefit like they feel they have.

Recent research has shown that screening for prostate cancer using the PSA test can reduce the number of deaths from the disease by about 1 in 5<sup>iii</sup>. However, these studies have also shown that a national screening programme would lead to the over-treatment of 'harmless' prostate cancers, causing many men to experience severe side effects because of treatment for a cancer that would not have harmed them in their lifetime.

There are also problems with the reliability of the PSA test. Many men receive 'false positive' and 'false negative' results which cause them unnecessary anxiety or false reassurance. Around two thirds of men with a raised PSA level do not have prostate cancer while one study has suggested that around 1 in 6 men with a 'normal' PSA level may have prostate cancer<sup>iv</sup>.

Because of these reasons, we believe that there is not yet enough evidence that the benefits of a national prostate cancer screening programme outweigh the harms. However, we feel that all men at higher risk should be able to choose whether or not to have a PSA test, as long as they have received balanced information about its pros and cons from their GP. The government has produced guidelines for all GPs to



**Helping more men survive prostate cancer and enjoy a better quality of life**

explain that a man over the age of 50 can have a PSA test on the NHS once he has received information about it<sup>v</sup>

## **A Quality Checklist: your standards of care**

Prostate Cancer UK wants to improve prostate cancer services for men across the UK. We have developed ‘a *quality checklist: your standards of care*’ for men with prostate cancer, based on research with people affected by prostate cancer and health professionals. The checklist outlines the quality of care and support men with prostate cancer should expect to receive. The checklist is needed because we know from surveys such as the National Cancer Patient Experience survey and our survey on quality care that experiences of care varies across the country.

### **Which standards of our Quality Checklist does this issue fit within?**

Screening for prostate cancer using the PSA test comes under diagnosis:

4. You should be given balanced information about the PSA blood test, the digital rectal examination (DRE) and biopsies. You should have the opportunity to discuss the pros and cons of the test with a doctor or nurse.

**References:** UK Screening Portal

[http://www.nsc.nhs.uk/whatscreening/whatscreen\\_ind.htm](http://www.nsc.nhs.uk/whatscreening/whatscreen_ind.htm). 04 July 2008.

**Internal data/Evidence:** Internal policy paper on the PCA test and Screening. For more information on the PSA test see <http://www.prostate-cancer.org.uk/information/diagnosis/diagnosis-tests/psa-test>.

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<sup>i</sup> Schröder FH et al (2012) Screening and Prostate-Cancer Mortality in a Randomized European Study. The New England Journal of Medicine, 9/366, 11

<sup>ii</sup> Screening aims to identify early signs of a particular disease, in healthy people without symptoms, to enable the prevention or early treatment of the disease, [http://www.nsc.nhs.uk/whatscreening/whatscreen\\_ind.htm](http://www.nsc.nhs.uk/whatscreening/whatscreen_ind.htm). 04 July 2008.

<sup>iii</sup> Schröder FH et al (2012) Screening and Prostate-Cancer Mortality in a Randomized European Study. The New England Journal of Medicine, 9/366, 11

<sup>iv</sup> Thompson IM, Pauler DK, Goodman PJ, Tangen CM, Lucia MS, Parnes HL, *et al.* (2004) Prevalence of prostate cancer among men with a prostate-specific antigen level < or = 4.0 ng per milliliter. N Engl J Med, 350, 2239–2246

<sup>v</sup> Prostate Cancer Risk Management Programme, NHS Cancer Screening Programmes  
<http://www.cancerscreening.nhs.uk/prostate/pcrmp-guide-2.html>