Public Health England is launching a local pilot campaign in London to raise awareness of the increased risk of prostate cancer amongst black men. We need your help to make it a success.

What is Be Clear on Cancer?
Be Clear on Cancer aims to tackle late diagnosis of cancer through raising awareness of signs and symptoms of cancer and encouraging people to see their GP earlier, or raising awareness in at risk groups.

Why run a campaign on black men and prostate cancer?
1 in 4 black men in the UK will be diagnosed with prostate cancer at some point in their lives compared to 1 in 8 of all men\(^1\). Although prostate cancer accounts for 12% of cancer deaths and 4% of all deaths in men in England, it accounts for 22% of cancer deaths in black men and 8% of all deaths in black men\(^2\).

Around 37,000 men are diagnosed with prostate cancer each year in England. Around 9,000 men die from the disease each year in England.

Who is the campaign aimed at?
The campaign will target black men from all socio-economic groups, over the age of 45. It will also target their key influencers, such as wives/partners, friends and family. The campaign is using 45 as opposed to 50 as black men have been shown to get prostate cancer three to five years earlier than other men\(^3\).

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1. Prostate Cancer UK 2014 [http://prostatecanceruk.org/we-can-help/african-caribbean-communities](http://prostatecanceruk.org/we-can-help/african-caribbean-communities)
2. Source: Public Health England South West Knowledge & Intelligence Team based on Office for National Statistics and Health & Social Care Information Centre data

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Prostate cancer in black men: Campaign information for GPs
20 October – 23 November, 2014

What is the key message of this campaign?
1 in 4 black men will get prostate cancer. Prostate cancer often has no obvious symptoms. If you are a black man over 45 and want to discuss your personal risk of prostate cancer, visit your GP

What sort of activity will the campaign include?
The campaign will include posters, leaflets and events in the community. The activity will be highly targeted and largely delivered by street teams who will engage directly with the target audience.

Where is the pilot happening?
The pilot will run in the London Boroughs of Newham, Hackney and Haringey in North London and Lambeth, Lewisham and Southwark in South London. These boroughs have a high population of the target audience and a higher incidence of prostate cancer compared to the average England incidence.

Has the prostate cancer campaign been run before?
This campaign will run for the first time in October 2014. Public Health England, the Department of Health, NHS England and NHS Improving Quality have taken a number of steps to make the pilot campaign as robust as possible, including:

- Working with a group of experts including a consultant urologist and GP who sit on the independent national Prostate Cancer Advisory Group, Prostate Cancer UK, the Prostate Cancer Risk Management Programme (PCRMP) team within PHE and an expert in multicultural communications
- Testing campaign materials with the target audience and with GPs to ensure that the messages are clear
- Qualitative research amongst the target audience
- Learning from the Newham Community-Based Prostate Clinic (2010/11)\(^4\)

Campaign supported by Prostate Cancer UK

Prostate Cancer UK is a registered charity in England and Wales (1005541) and in Scotland (SC039332). Registered company 2653887.
Key prostate cancer facts:

- Over 99% of men diagnosed with prostate cancer are aged 45 or over.
- Although 1 in 4 black men in the UK will be diagnosed with prostate cancer in their lifetime, compared to 1 in 8 of all men, the majority (90%) of black men are not aware of their increased risk.

What is the likely impact on NHS services?

This is the first Be Clear on Cancer pilot to focus on prostate cancer. Therefore, there are no previous evaluation results for this specific campaign. The pilot has been designed to provide a benchmark for future campaigns and there are a number of metrics along the patient pathway that will be monitored as part of the evaluation of this pilot. The national ‘blood in pee’ campaign will be running at the same time and a moderate increase in GP visits is expected during the campaign and in the eight weeks following the campaign. For example, during the symptom led regional ‘blood in pee’ campaign, which included regional TV adverts, the pilot area observed an additional 0.29 visits per GP practice, per week.

Key information for GPs

Referral and assessment

It is difficult to predict the exact increase this campaign will create, but it is likely that you will see more men from the black community coming to your practice. Symptomatic men – patients presenting with symptoms suggesting prostate cancer should have digital rectal examination (DRE) and a prostate specific antigen (PSA) test after counselling. Resources that may help you with symptomatic patients during the campaign include:

- NICE guidelines for suspected cancer (NICE CG27, June 2005, last modified April 2011) which includes specific recommendations for symptoms that could be prostate cancer
- Prostate cancer: diagnosis and treatment (NICE CG175, January 2014)
- Prostate cancer overview
- Your CCG may have a GP cancer lead who can give you further information relating to your area

Prostate cancer often has no obvious symptoms, but some symptoms will be related to the lower urinary tract and may be inflammatory or obstructive. Prostate cancer is also a possibility in male patients with any of the following unexplained symptoms: erectile dysfunction; haematuria; lower back pain; bone pain; and weight loss, especially in the elderly.

The NICE guidelines for suspected cancer recommend an urgent two week wait referral in symptomatic patients with high PSA levels in line with the PCRMP as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>PSA referral value (ng/ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-59</td>
<td>&gt;= 3.0</td>
</tr>
<tr>
<td>60-69</td>
<td>&gt;= 4.0</td>
</tr>
<tr>
<td>70 and over</td>
<td>&gt;= 5.0</td>
</tr>
</tbody>
</table>

For the purposes of the pilot, black men who present aged 45 to 49 should follow the same protocol as 50 year-olds.

For asymptomatic men, the UK National Screening Committee continues to review the evidence for prostate cancer screening but does not recommend it at this time due to issues of overtreatment and over-diagnosis. The PCRMP is in place to ensure that men considering a PSA test are given information concerning the benefits, limitations and risks associated with having a test. A pack of materials has been produced for primary care to help men make an informed choice about the PSA test, including a leaflet for men. If a man still wants a PSA test after consultation and consideration of the leaflet, he can have one free on the NHS.

In the pilot, a black men aged over 45 should not be denied a PSA test provided the GP is confident he has made an informed choice. Another major risk factor for prostate cancer is family history, such as a father or brother who has had prostate cancer, so it is important you establish this with the man if he knows it.

The PCRMP sets out the benefits and limitations of having a PSA test as follows and also by clicking here.

<table>
<thead>
<tr>
<th>The benefits of PSA testing</th>
<th>The limitations of PSA testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>It may reassure you if the test result is normal</td>
<td>It can miss cancer and provide false reassurance</td>
</tr>
<tr>
<td>It may give you an indication of cancer before symptoms develop</td>
<td>It may lead to unnecessary worry and medical tests when there is no cancer</td>
</tr>
<tr>
<td>It may find a cancer at an early stage when treatments could be of benefit</td>
<td>It cannot tell the difference between slow-growing and fast-growing cancer</td>
</tr>
<tr>
<td>If treatment is successful, the worst possible outcomes of more advanced cancer, including death, are avoided</td>
<td>It may make you worry by finding slow-growing cancers that may never cause any symptoms or shorten your life</td>
</tr>
<tr>
<td>Even if the cancer is more advanced and treatment is less successful, it will usually extend life</td>
<td>27 men will undergo treatment in order to save one life</td>
</tr>
</tbody>
</table>

The same referral criteria as set out above for symptomatic men should be used when you receive the results of an asymptomatic man who has chosen to have a PSA test. If there is doubt about whether to refer an asymptomatic man with a borderline PSA level, NICE advises that the PSA test should be repeated after an interval of 1 to 3 months. If the second test indicates that the PSA level is rising, the patient should be referred urgently.

Additional resources to support you:

Order campaign posters to act as a prompt in your conversations with the public. The posters are available free of charge via the Health and Social Care Publications orderline: 0300 123 1002 or from www.orderline.dh.gov.uk

Prostate Cancer Risk Management Programme packs can also be obtained by contacting the orderline (0300 123 1002) or from www.orderline.dh.gov.uk.

Prostate Cancer UK has a range of free professional and patient support, including support for you, support for your practice and support for your patients. These are available at http://prostatecanceruk.org/health-professionals or by contacting professionals@prostatecanceruk.org.

The public-facing website for Be Clear on Cancer is www.nhs.uk/prostate

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5 Prostate Cancer UK 2014

6 www.prostatecanceruk.org/public-awareness


8 http://www.nice.org.uk/guidance/CG175

9 http://pathways.nice.org.uk/pathways/prostate-cancer

10 Schröder et al. Screening and prostate cancer mortality: Results of the European Randomised Study of Screening for Prostate Cancer (ERSPC) at 13 years follow up. The lancet, published online August 7, 2014 http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60525-0/abstract