



Interim position on the PSA blood test in asymptomatic men (January 2023)

Following a review of new evidence and two co-production workshops including men with lived experience, academics, and clinicians, we have agreed some key changes in what we think and say about the PSA blood test for men without symptoms.

1. Since the 2019 NICE guidance update, **the prostate cancer diagnosis and treatment pathway changed to make it safer and more accurate.**
2. The PSA blood test is the first step in the prostate cancer diagnostic pathway. It is **a cheap, safe and effective way of identifying men who would benefit from further testing** – in the first instance an MRI scan.
3. There isn't a national screening programme for prostate cancer, so men won't get invited to have a test. Men at risk, **have a right to a PSA blood test for free from their GP if they want one.**
4. The risks from over-diagnosis and over-treatment of prostate cancer have reduced to a point where we believe **GPs should proactively engage higher-risk men, about the PSA blood test.**
5. The **individual benefits of a PSA blood test will be different for each man.** This is because some men will have more risk factors than others or will have pre-existing health conditions. Information or counselling on the PSA blood test should explain this.
6. Our role, alongside the NHS, is to **reach and activate** higher-risk men and support them to make an **informed choice** about whether to have a PSA blood test. We can achieve this through partnership awareness campaigns and our risk checker.
7. Because Black men have double the risk of prostate cancer and develop it younger, **we strongly recommend they talk to their GP about a regular PSA blood test from the age of 45.** As a Black man, if you are worried about prostate cancer, you can speak to a GP from any age.
8. Men with a known family history of prostate, breast or ovarian cancer – in particular if a first degree relative has died of these cancers – are at higher risk and **we strongly recommend they talk to their GP about a regular PSA blood test from the age of 45.**

Black Men with a known family history of prostate, breast, or ovarian cancer – in particular if a first degree relative has died of these cancers – are at the highest risk and **should seriously consider PSA blood testing at an earlier age.**

9. One normal PSA result can't rule out a future diagnosis of prostate cancer. **Regular PSA tests can spot trends in PSA levels.**
10. The European Commission has adopted new EU recommendations for prostate cancer screening in men, on the basis of PSA testing and magnetic resonance imaging (MRI) scanning as follow-up. **The recommendations are backed by a combination of evidence from randomised controlled trials and real-world studies.** For prostate cancer screening, considering the preliminary evidence and the significant amount of ongoing opportunistic screening, **EU countries have been asked to consider a stepwise approach, including piloting and further research, to evaluate the feasibility and effectiveness of the implementation of organised screening programmes.**

This aligns to our belief that the balance of benefits and harms is tipping in favour of screening, but we acknowledge that some evidence gaps remain.

We have called on the UK National Screening Committee to review new evidence, as part of their annual call for screening topics, to take a stepwise approach to introducing screening – starting with those men at highest risk and those experiencing significant health inequalities.

For more details: prostatecanceruk.org/PSA-position