FASTER. FAIRER. BETTER.
Reducing prostate cancer inequalities and late diagnosis.

PROSTATE CANCER UK

A new government presents an opportunity to change the way we deliver cancer care in the UK. Working together we can save lives by diagnosing prostate cancer faster, fairer and ultimately, better.

FASTER

We need to increase MRI capacity urgently and our research has shown how we can improve the quality of MRI scans to accurately diagnose prostate cancer quicker. By implementing these free, simple adjustments the number of scanners able to produce diagnostic quality images increased from 32% to 97%. This will massively increase scanner availability, reducing bottlenecks in the pathway and ensuring men can be diagnosed faster.

FAIRER

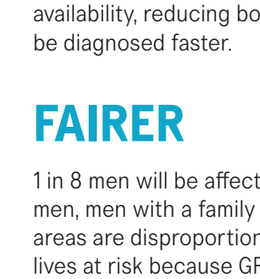
1 in 8 men will be affected by prostate cancer in their lifetime, but Black men, men with a family history of prostate cancer, and men from deprived areas are disproportionately impacted. Outdated NHS guidance is putting lives at risk because GPs are told not to raise the subject with men unless they have symptoms, even when they're at double the usual risk. But the evidence shows that early-stage prostate cancer doesn't usually cause symptoms.

This needs to change so that GPs can talk proactively to men at highest risk and give everyone a fairer chance of a diagnosis in time for a cure. This simple act will significantly reduce deaths whilst we research for a longer-term national screening solution through our TRANSFORM trial.

BETTER

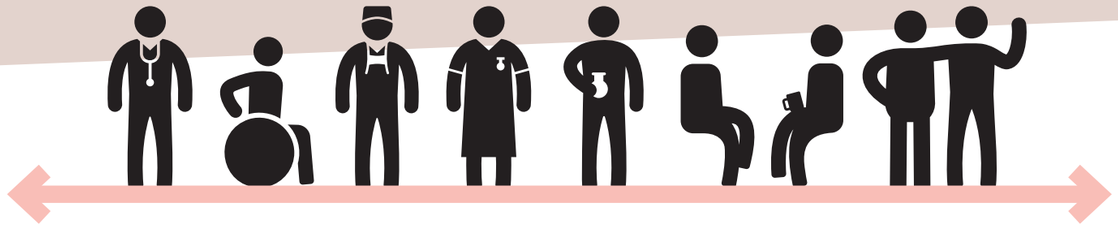
Designed, and delivered by Prostate Cancer UK and supported by the National Institute for Health and Care Research, TRANSFORM will be the biggest trial in prostate cancer screening for 20 years. It has been developed in consultation with and backed by the NHS and the National Screening Committee. It aims to find definitive evidence to be able to accurately screen men. This is the key to unlocking better ways of diagnosing prostate cancer.

We are looking forward to working with the Government. This document is our programme for changing things for the better. Simple steps that can deliver lifesaving changes today.



Laura Kerby
CEO, Prostate Cancer UK

The debate: using the PSA blood test to screen for prostate cancer



There are doctors, nurses, patients, politicians, charities and researchers at every point along the spectrum between arguing that no testing should be allowed without a strong suspicion of cancer and those who believe all men should be tested every 6 months.

Attitudes towards the PSA blood test

Where we are **now**	Where we should be **now**	Where we want to be	
Harm of late diagnosis concentrated in men who are less engaged, not asking and not getting			Harm of over-diagnosis and over-treatment
Do not test			Test everyone
Offer **information** reactively	Offer **information** proactively	Invite to screening (targeted)	Invite to screening (population)

- Current guidance (i.e. only providing information reactively) was fit for purpose when there were doubts about the benefits of testing.
- Now thanks to the ERSPC[I] and CaP[II] trials, plus the reduced harms due to MRI testing, we believe that moving from a reactive to proactive provision of balanced information to men at highest risk will reduce harm (both in terms of late-diagnosis AND under-informed over-testing).
- We believe this is the evidence-led position, it also minimalises risk from more extreme positions on each side.

- Support the National Screening Committee to review evidence robustly.
- Build new evidence (real world and trial: TRANSFORM) for current and new screening pathways.

I. https://pubmed.ncbi.nim.nih.gov/30824296/

II. https//www.bristol.ac.uk/cancer/research/cancer- epidemiology/cap-protect/

Professor Frank Chinegwundoh MBE, Consultant Urologist at Bart's Health NHS Trust says, ***"Outdated guidelines that don't consider individual risk factors, such as ethnicity and family history, mean that too often at risk men are talked out of accessing PSA testing."***

Traditional arguments against screening cite risks of over-diagnosis and over-treatment. However, evidence shows that the current diagnostic process is safer and more accurate, significantly reducing harms, and shifting the balance in favour of proactive early-diagnosis programmes for men at highest risk.

Professor Chinegwundoh says simple steps can be taken. *"We need to remove this paradox where men can have a PSA test on the NHS, but only if they know to request it.*

"We need to update NHS guidelines to incorporate new evidence on the improved diagnostic pathway, making it clear which men are at greatest risk, and we need to fund promotion of this guidance, so men and clinicians understand it.

"We need to aim for a national screening programme to reduce the number of men who present with incurable prostate cancer. However, these are the things that can be done immediately to reduce the toll from this condition."

Patrick Nyarumbu MBE, Deputy Chief Executive at Birmingham and Solihull Mental Health NHS Foundation Trust. Aged 45 and Black, his dad died of prostate cancer and sister died of breast cancer.

He went to his GP to ask for a PSA test and was told *"I can do a rectal exam if you really want, but it's a bit painful - so it depends if you want that."*

Patrick said *"It's bad enough that my GP was trying to discourage me from getting tested even though I was at such high risk, but I now know that a rectal exam isn't even necessary, and you can be referred on with just a blood test.*

"People see me as a senior leader in the health service and think I should be able to self-advocate. But it's different when it's your health. You're thinking about the implications for your family. If someone discourages you it's easy to think, 'maybe I'll be ok'".

Detecting prostate cancer: Now safer and more accurate than ever

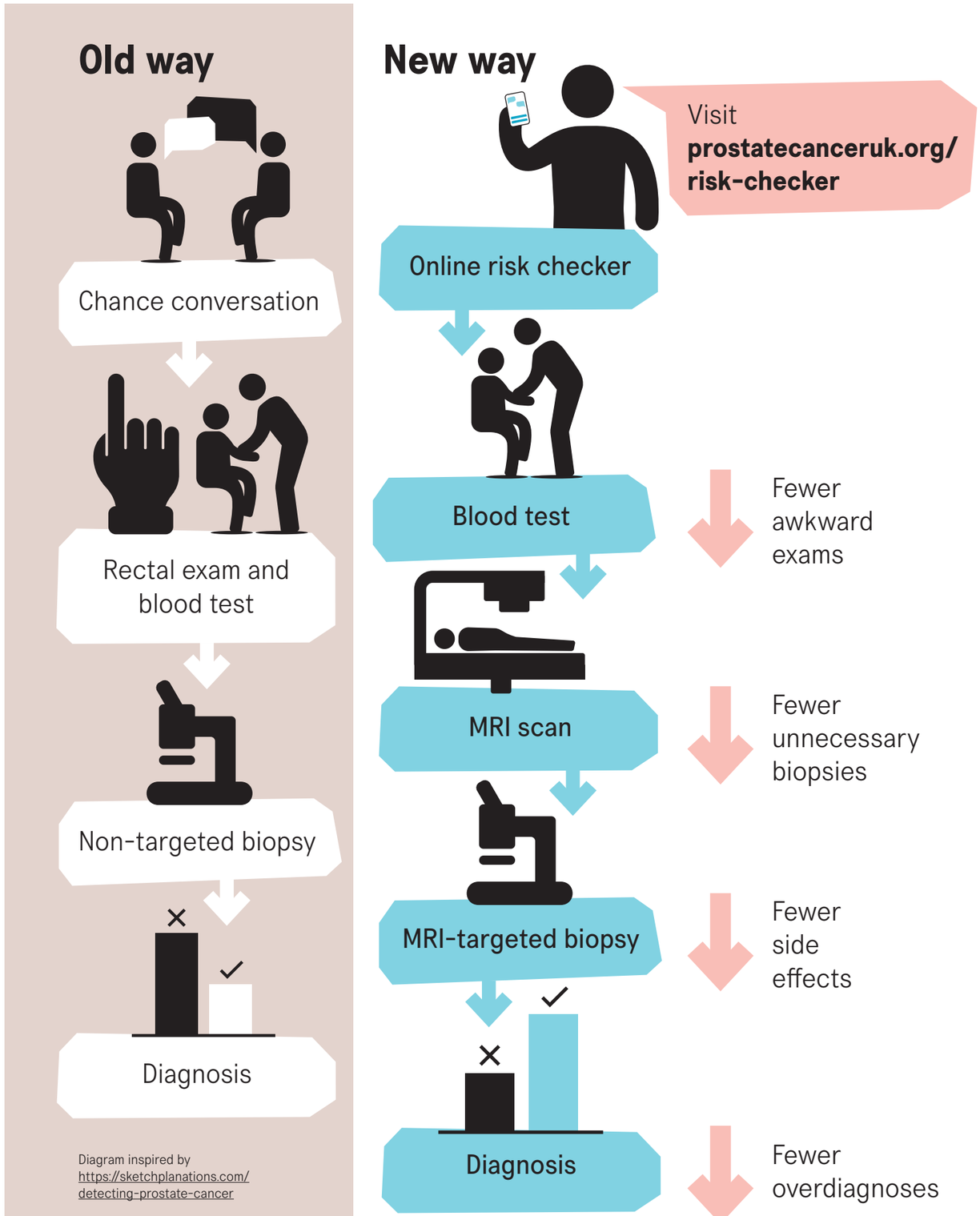


Diagram inspired by https://sketchplanations.com/detecting-prostate-cancer

Make the UK's health system fairer and reduce inequalities by proactively offering men at highest risk of prostate cancer access to a PSA blood test.

This simple step is the only way to tackle the profound health inequalities outlined below. For the new government, this is fundamental to successfully meet targets on early diagnosis, advance racial equity, and narrow the deprivation life-expectancy gap.

The problem

Black men, men with a family history of prostate cancer, and men from socio-economically deprived areas are disproportionately impacted by prostate cancer – these are the men we refer to as **'highest risk'**. The current system is failing these men because it can only react to men who understand that they need to ask for a test.

The solution

1. Review current NHS guidelines, incorporating the evidence on the new diagnostic pathway **(far safer and more accurate)** and exactly which men are at greatest risk.
2. These men, aged 45 and over at highest risk of prostate cancer, **must then be proactively informed** of their prostate cancer risk and offered the opportunity to make an informed choice of a PSA blood test.
3. **A funded plan to promote the guidance** so that men and their clinicians understand it.
4. Commission service **to reach** men aged 45-69 at highest risk of prostate cancer **to access PSA blood tests outside of primary care**.

The benefits

1. **Reduce patient mortality:** The earlier prostate cancer is diagnosed, the more curable it is. By proactively offering these men access to a PSA blood test it is likely to reduce prostate cancer deaths in the UK. Analysis by Cancer Research UK suggests that more than 4,000 prostate cancer deaths could be avoided within 5 years of diagnosis if patients were diagnosed just 1 stage earlier[1].
2. **Reduce cancer inequality:** Core20PLUS5 creates a framework for targeted action on health inequalities. Proactively **informing** men at highest risk of prostate cancer **about the** PSA blood test would enable targeting of populations at highest risk of late diagnosis (due to deprivation or Black ethnicity) and drive progress on the early diagnosis target.
3. **Reduce the 'lost economic potential' of prostate cancer patients:** Detecting prostate cancer early reduces treatment and recovery time, as well as improving survival. With nearly half of all new prostate cancer diagnoses being in men under retirement age, detecting their cancer earlier and reducing their treatment and recovery time will in turn reduce the financial impact of their disease on their families, and support their return to work at an earlier stage.
4. **Reduce NHS costs:** The total cost to the NHS for treating prostate cancer has been estimated at c.£93 million, with hormonal therapy alone costing £63.1 million[2]. Most of the cost of hormone therapy is for novel hormonal therapies that are used to treat prostate cancers that have spread. The earlier the diagnosis, the fewer treatment interventions prostate cancer patients are likely to require, and the less intensive their treatment and recovery. This is particularly true of prostate cancer that has not reached a metastatic stage. These costs to the NHS can be dramatically reduced by achieving earlier diagnosis.

We urge the new government to commit to delivering the proposed solutions within the first year of parliament. Given the significant patient population involved, and the distinct challenges faced by these men, adopting these measures will give the new Government the tools it needs to deliver commitments on reducing profound health inequalities and meeting the 75% early cancer diagnosis target.

FAIRER

Prostate cancer is the most common cancer for men in the UK. Every year, more than 52,000 men are diagnosed, and over 12,000 die from this disease, making it the UK's second biggest cancer killer in men[3]. **It doesn't need to be this way.**

A group of leading experts was convened in 2023[1] and following a rigorous RAND-UCLA consensus process, the results, including policy and practice implications, have been published from the agreed consensus and have been used to define these recommendations.

We need to diagnose men earlier, when their cancer is more treatable. Prostate cancer is the only major cancer without a screening programme, and while early prostate cancer is very curable, it usually has no symptoms. Current NHS guidelines state that the PSA blood test (the first step to diagnosing prostate cancer) is available free to any man aged 50 and over who requests it. But this guidance is poorly understood both by the public and NHS clinicians.

The NHS guidelines have been shown to benefit the more affluent and most health-literate, who will actively seek testing, while compounding the inequalities that affect other men. To access a PSA blood test, men must understand their risk of prostate cancer and navigate an overwhelmed primary care system to self-advocate for the test.

Men over 45 who are Black are at higher risk of diagnosis and death. Men with a family history have a higher risk of being diagnosed, and men from socio-economically deprived areas are more likely to be diagnosed too late for a cure.

This proposal should be adopted to both improve survival and quality of life for those affected by this cancer, and to enable the new Government to deliver commitments relating to health inequalities and late cancer diagnosis.

These changes should not be interpreted as removing access to the PSA blood test for all other men, outside the definition of 'highest risk'. **All informed men should have the potential to access the PSA blood test from the age of 50 years.** It's vital that men who are considering PSA testing should be able to discuss the potential benefits and harms with a trained health professional and have a right to a PSA blood test if they want one.

Currently, only half (53%) of prostate cancers are diagnosed in the early stages – far short of the NHS target of 75%. **This target will be impossible to achieve unless late diagnosis of prostate cancer is addressed.**

53%

only half (53%) of prostate cancers are diagnosed in the early stages – far short of the NHS target of 75%

I. Br J Gen Pract 2024; DOI: https://doi.org/10.3399/BJGP.2023.0586

Diagnose men faster by implementing free and simple adjustments which will increase MRI capacity while delivering enhanced imaging quality and support better diagnosis

Issues around MRI capacity cannot be fixed overnight. However, research funded by Prostate Cancer UK[4] shows that diagnosing prostate cancer is far safer and more accurate since the introduction of MRI. And, thanks to the recent GLIMPSE and PRIME trials there are simple, free changes to the settings of existing MRI scanners (using a modified version of existing protocols) that massively increase the quality and speed of MRI scans, vital to safely and accurately diagnose prostate cancer.

By implementing these adjustments, the number of scanners able to produce diagnostic quality images increased from 32% to 97%. Rolling this out as a guidance note via Cancer Alliances will significantly increase scanner availability, reducing bottlenecks in the pathway and ensuring men can be diagnosed **faster** and earlier.

For more information please visit:
www.prostatecanceruk.org/for-health-professionals/resources/mri-quality-improvement

FASTER

We can help drive down waiting lists and increase MRI capacity. The recommendations described are part of an continually evolving body of evidence around MRI within the diagnostic pathway for prostate cancer. Since its introduction the impact on practice, risk and men's lives has been immense.

However aging machinery, workforce issues and variable standards have created inequalities in care.

Improving the quality of images by implementing these changes will help clinicians diagnose men faster and with a more accurate understanding of their cancer journey.

The scale of the challenge:
Prostate cancer and late diagnosis

Around 490,000 men are currently living with or after prostate cancer in the UK[1]. It is one of, what are commonly referred to as, the 'big four' cancers – breast, lung, prostate and bowel – which account for over half of all diagnosed cancers in the NHS every year[5]. But prostate cancer presents unique challenges that are affecting patient outcomes.

Early-stage prostate cancer is very curable. 100% of men diagnosed with Stage 1 prostate cancer will be alive after five years. However, when diagnosed at Stage 4, that figure drops to 50%[6].

Stage 1 and 2 prostate cancer is usually symptomless, meaning men are less likely to be aware of their illness until it has progressed. Acknowledging the largely asymptomatic nature of early prostate cancer, current NHS guidelines state that the PSA blood test (the first step to diagnosing prostate cancer) is available free to any man aged 50 and over who requests it. But this guidance is poorly understood both by the public and NHS clinicians. **The combination of a disease that is often silent until it has spread, and a poor understanding of guidance means men may not seek, nor be referred for, diagnostic testing by their GP.**

Unfortunately, **nearly half (47%) of patients are not diagnosed until their disease has reached Stages 3 or 4, when their cancer is harder to treat, and their chances of survival are falling[7].**

Of the 52,000 men diagnosed with prostate cancer every year, 20,000 will be under retirement age (69). 6,500 of these working-age men will be diagnosed late, when their disease has progressed to stages 3 or 4 and face treatments that can cause significant, often life-long side effects and an uncertain future.

One in eight of all Stage 4 cancers in England, those most likely to be deadly, are prostate cancer[8], which is why the current NHS target will be impossible to achieve without addressing these unique prostate cancer challenges.

47%
of patients are not diagnosed until their cancer is harder to treat and their chances of survival are falling

Men aged 45 and over at highest risk of prostate cancer should be **proactively informed of their prostate cancer risk, PSA testing and the wider diagnostic pathway.** This will enable the men most at risk of harm from prostate cancer to make a genuine informed choice about whether to access a PSA blood test or not.

To tackle **inequalities of access and reduce the burden on primary care,** the NHS must commission services for men at highest risk of prostate cancer to **access PSA testing outside of primary care.**

The groups that the programme should target are those aged 45-70 at highest risk of prostate cancer: **Black men; men with a family history of prostate cancer; and those men who have known genetic risk factors e.g. BRCA variations.**

Prostate cancer and health inequalities – The Facts

- Black men, men with a family history of prostate cancer, and men from socio-economically deprived areas are disproportionately impacted by prostate cancer compared to other men.
- Men with a family history of prostate cancer are **two to four times more likely to be diagnosed**[9 10].
- Black men have **double the risk** of being diagnosed with, and dying from prostate cancer[11], and are shown to experience poorer outcomes than other men.[12]
- Family history, race and socio-economic status also overlap, which may increase the risk of late diagnosis and death for these men.
- **More Black men have a family history of the disease than non-Black men.** An analysis of more than 900,000 responses to Prostate Cancer UK's online risk checking tool demonstrated that amongst non-Black respondents 13.5% reported a relevant family history, whereas for Black respondents that increases to 20.4%.
- Black men are also more likely to experience comorbidities and have sociodemographic characteristics that lead to poorer prostate cancer outcomes[13].
- **Men from areas of socio-economic deprivation are 29% more likely to be diagnosed with late-stage, incurable prostate cancer** that has spread to other parts of the body, than men from the least economically deprived areas of the UK[14].
- Both **Black men and men with a family history of prostate cancer also tend to develop the disease at a younger age[15]** – from 45 – potentially losing decades of healthy life and leaving them and their families dealing with economic hardship and emotional trauma.
- **In Scotland it has been shown that men from rural areas, similar to men from socially deprived areas, are at greater risk of being diagnosed later[18].** They can present with more aggressive prostate cancer and may have poorer outcomes than men from urban areas, despite equivalent quality of treatment.

Making prostate cancer diagnosis BETTER – the TRANSFORM trial will provide the gold plated evidence needed to deliver a national screening programme

Historic evidence has not supported screening programmes for prostate cancer. Past clinical studies of screening were based on the standard PSA test followed by a biopsy. While a significant European study[16] demonstrated a 21% reduction in prostate cancer deaths from this approach, harms associated with that diagnostic pathway were thought on balance to outweigh the benefits. The UK National Screening Committee (UK NSC) has, to date, only considered this historic evidence, and therefore not recommended a UK screening programme for prostate cancer. Prostate Cancer UK is committed to providing the gold-plated evidence needed to deliver a national screening programme, investing heavily in the TRANSFORM trial which **could save the lives of thousands of men each year.** It aims to find definitive evidence to be able to accurately screen all men. This is the key to unlocking the future, better ways of diagnosing prostate cancer. **For men right now, we simply cannot wait when there is so much that we can and must do to save the lives of these men at highest risk.**

In 2023, the European Commission authorised a series of five prostate cancer early diagnosis pilots across four member states, demonstrating confidence in this new diagnostic pathway[17]. These pilots will run in Ireland (where 100,000 men will be screened), Lithuania, Poland and two in Spain. The evidence collated from these pilots will support the roll out of screening across other member states. **The UK must keep pace with prostate cancer early diagnosis developments such as these, so as not to fall behind its international counterparts in improving prostate cancer outcomes.**

For more information or to discuss this proposal in more detail, please contact: **campaigns@prostatecanceruk.org**

References

[1] Cancer Research UK. 'Manifesto for Cancer Research and Care.' Cancer Research UK, www.cancerresearchuk.org/about-us/we-develop-policy/manifesto-for-cancer-research-and-care

[2] Sangar, Vijay K., et al. "The economic consequences of prostate and bladder cancer in the UK." BJU international 95.1 (2005): 59-63.

[3] Prostate Cancer UK. "About Prostate Cancer." Prostate Cancer UK, www.prostatecanceruk.org/prostate-information-and-support/risk-and-symptoms/about-prostate-cancer

[4] Prostate Cancer UK. "How to improve the quality of your MRI" www.prostatecanceruk.org/for-health-professionals/resources/mri-quality-improvement

[5] Cancer Research UK. "Common Cancers Compared." Cancer Research UK, www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/common-cancers-compared

[6] Office for National Statistics. "Cancer Survival in England: Stage at Diagnosis and Childhood Patients Followed Up to 2018." Office for National Statistics, www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/cancersurvivalinengland/stageatdiagnosisandchildhoodpatientsfollowedupto2018

[7] National Health Service. "Prostate Cancer Data." Cancer Data, www.cancerdata.nhs.uk/getdataout/prostate

[8] National Health Service. "Cancer Stage at Diagnosis." Cancer Data, www.cancerdata.nhs.uk/stage_at_diagnosis

[9] Barber, Lauren, et al. "Family history of breast or prostate cancer and prostate cancer risk." Clinical Cancer Research 24.23 (2018): 5910-5917.

[10] Beebe-Dimmer, Jennifer L., et al. "Risk of prostate cancer associated with familial and hereditary cancer syndromes." Journal of Clinical Oncology 38.16 (2020): 1807.

[11] Lloyd, Therese, et al. "Lifetime risk of being diagnosed with, or dying from, prostate cancer by major ethnic group in England 2008–2010." BMC medicine 13.1 (2015): 1-10.

[12] Lillard Jr, James W., et al. "Racial disparities in B lack men with prostate cancer: A literature review." Cancer 128.21 (2022): 3787-3795.

[13] Dess, Robert T., et al. "Association of black race with prostate cancer-specific and other-cause mortality." JAMA oncology 5.7 (2019): 975-983.

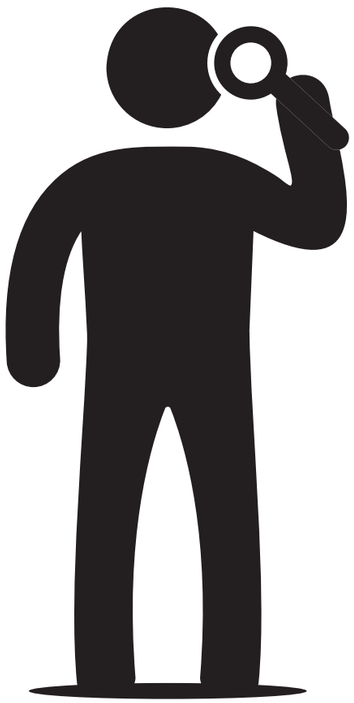
[14] National Prostate Cancer Audit. "NPCA Short Report 2022." National Prostate Cancer Audit, www.npca.org.uk/reports/npca-short-report-2022

[15] Ben-Shlomo, Yoav, et al. "The risk of prostate cancer amongst black men in the United Kingdom: the PROCESS cohort study." European urology 53.1 (2008): 99-105.

[16] Schröder, Fritz H., et al. "Screening and prostate-cancer mortality in a randomized European study." New England journal of medicine 360.13 (2009): 1320-1328.

[17] "PrAISE-U Calls for Cooperation for Prostate Cancer Screening." European Association of Urology, www.uroweb.org/news/praise-u-calls-for-cooperation-for-prostate-cancer-screening

[18] Laing KA, Bramwell SP, McNeill A, Corr BD, Lam TB. Prostate cancer in Scotland: does geography matter? An analysis of incidence, disease characteristics and survival between urban and rural areas. Journal of Clinical Urology. 2014;7(3):176-184. doi:10.1177/2051415813512303



PROSTATE CANCER UK

FASTER. FAIRER. BETTER.

Reducing prostate cancer inequalities and late diagnosis.

The first year plan for Government

Endorsed by:

PROSTATE CYMRU

CAHN Caribbean & African Health Network

prostate scotland Scottish Charity no. SCO 37494

CancerBlackCare

JABALI MEN'S NETWORK

BHA for equality

7478