

Survey report: What actions do men take after completing the Risk Checker?

Data & Evidence, Prostate Cancer UK

Introduction

The Risk Checker is an online decision-making tool designed to help men understand their prostate cancer risk factors and support them in making an informed choice about whether to have a PSA blood test. Rather than advising men to take or avoid the test, it provides essential information on the three main prostate cancer risk factors (age, ethnicity, and family history), empowering them to make an informed choice.

While some men share whether the Risk Checker supported them in making an informed choice, little is known about the actions they take afterward, and the number of men who choose to have a PSA test.

Methods

We developed a survey to understand what actions men took after completing the risk checker. The survey was sent to 53,586 users who completed the risk checker and provided their consent to be contacted between January 1st 2023 and June 30th 2024.

Between October 31st and November 19th, 2024, 2,112 respondents completed the survey and consented to have their data analysed. The survey was administered via Toluna, and descriptive statistics were generated using Excel.

Survey results

The characteristics of the men who completed the survey are described in table 1.

Table 1. Characteristics of survey respondents.

	Count	%
Total survey respondents	2112	100.0%
Age		
Under 45	49	2.3%
45-49	90	4.3%
50-54	227	10.8%
55-59	355	16.8%
60-64	442	20.9%
65-69	434	20.6%

70-74	271	12.8%
75-79	166	7.9%
80 or older	77	3.7%
Prefer not to say	1	0.%
Ethnic group		
White	1976	93.6%
Black/African/Caribbean/Black British	38	1.8%
Asian/Asian British	31	1.5%
Mixed/Multiple ethnic groups	25	1.2%
Other ethnic group	36	1.7%
Prefer not to say	6	0.3%
Family history		
First-degree relative diagnosed with prostate cancer	444	21.0%
First-degree relative diagnosed with		
breast or ovarian cancer	272	12.9%
Second-degree relative diagnosed with prostate cancer	182	8.6%
Second degree relative diagnosed with	102	0.070
breast or ovarian cancer	58	2.7%
Confirmed BRCA 1/2 mutation	4	0.2%
No family history of prostate cancer	1109	52.5%
No knowledge of family history /		
prefer not to say		
Denien	198	9.4%
Region	110	C 70/
Greater London North East	142 121	6.7% 5.7%
North West	253	12.0%
Yorkshire	158	7.5%
East Midlands	150	7.5%
West Midlands	192	9.1%
South East	341	16.1%
East of England	167	7.9%
South West	201	9.5%
Wales		3.9%
Scotland	83 245	11.6%
Northern Ireland	38	1.8%
Isle of Man	4	0.2%
I don't live in the UK	13	0.2 %
Prefer not to say	3	0.0%
Social grade	<u> </u>	0.170
A		
	577	27.3%
В	494	23.4%
C1		
	222	10.5%
C2		10.5% 14.3%
C2 D	222	
C2	222 302	14.3%

Out of all men who completed the survey, 21% (444) had a first degree relative and 272 (12.9%) had a second degree relative diagnosed with prostate cancer. 52.5% reported no family history of breast, prostate, or ovarian cancer.

After completing the risk checker, 75.8% (1,601) men felt equipped to make an informed choice about the PSA test, 20% (423) were unsure, and 4% (n=88) felt the PSA test was not right for them. This is aligned with the results of our previous evaluation of the Risk Checker.

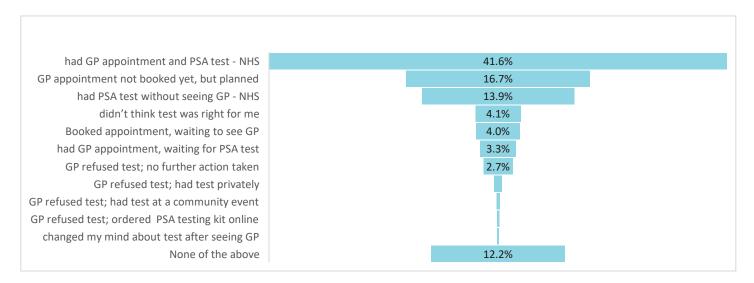
Out of those that made an informed choice to request a PSA test, when asked about what action they took after, 41.6% (666) men reported they had made a GP appointment and had PSA test on the NHS. 13.9 % (222) had a PSA test on the NHS without seeing their GP, and 16.7% (268) had not made an appointment but planned to. Only 4.1% (66) men did not think the PSA test was right for them, and 0.19% (3) had a GP appointment to discuss the

PSA test and changed their mind about the PSA test. 2.7% (43) reported being refused a

PSA test by their GPs and not doing anything about it, while 1.31% (21) reported being refused a PSA test by their GP and having a PSA test done either privately, at a community event, or ordering a PSA testing kit from the internet.

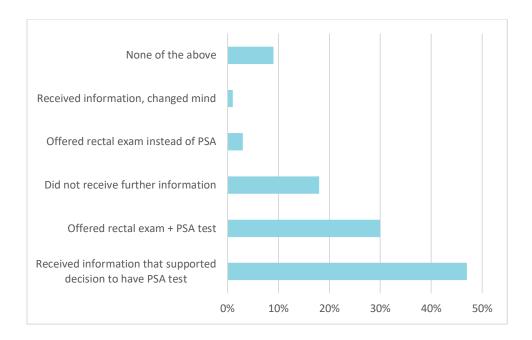
Out of those who decided to have a PSA test, 53.7% (422) contacted their GP about the PSA test within two weeks of completing the risk checker. 12.4% (98) contacted their GP within a month of completing the risk checker, and 13.6% (107) waited until their next scheduled GP appointment to discuss the PSA test. 82.5% (518) of respondents stated that the appointment was booked at a time that was convenient for them, and 72.1% (453) had face to face appointments.

Figure 1. Next steps after making an informed choice about the PSA test



During their appointment, 46.6% (343) men reported they received additional information that supported their decision to have a PSA test.17.6% (130) reported not receiving additional information. 2.9% (22) were offered a DRE instead of a PSA test, and 30.5% (224) were offered a DRE in addition to the PSA test.

Figure 2. Outcomes of GP appointments



When asked about the outcome after a PSA test, 60% (522) of men had a normal PSA result, while 8.6% (75) underwent further testing but were not diagnosed with prostate cancer. Meanwhile, 8.4% (73) received a prostate cancer diagnosis following their initial PSA test.

The prostate cancer diagnosis rate for all men who completed the survey was 3.45%. Further details on PSA test outcomes can be found in Table 2.

Table 2. Outcomes after a PSA test

	Count	%
No referral needed (PSA normal/not raised)	522	60%
No further advice received	87	10%
Further tests done, no prostate cancer	75	9%
Advised to contact GP after private PSA test	71	8%
Diagnosed with prostate cancer	73	8%
Referred to hospital for further tests	43	5%
Other (please specify)	44	5%
Prefer not to say	3	0%

61% (45) men diagnosed with prostate cancer after taking the risk checker were aged 50-69, and 32.1% (24) were aged 70-79. 95.4% were white. Within our sample, no Black men were diagnosed with prostate cancer after taking the risk checker. The characteristics of the men diagnosed with prostate cancer after taking the risk checker are described in table 3.

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	73	100%
Age		
Under 45	1	1.4%
45-49	1	1.4%
50-54	3	4.1%
55-59	14	19.2%
60-64	11	15.1%
65-69	17	23.3%
70-74	12	16.4%
75-79	12	16.4%
80 or older	2	2.7%
Ethnicity		
White	69	94.5%
Black/African/Caribbean/Black British	0	0.0%
Asian/Asian British	1	1.4%
Mixed/Multiple ethnic groups	1	1.4%
Other ethnic group	2	2.7%
Prefer not to say	0	0.0%
Family history		
First-degree relative diagnosed		
with prostate cancer	29	40%
First-degree relative diagnosed	4.0	4.40/
with breast or ovarian cancer	10	14%
Second-degree relative diagnosed with prostate cancer	1	1%
Second degree relative diagnosed		1 70
with breast or ovarian cancer	1	1%
Confirmed BRCA 1/2 mutation	1	1%
No family history of prostate		
cancer	30	41%
No knowledge of family history /		
prefer not to say	5	7%
Region		1 70
Greater London	4	5.5%
North East	4	5.5%
North West	9	12.3%
Yorkshire	5	6.8%
East Midlands	7	9.6%
West Midlands	9	12.3%
South East	13	17.8%
East of England	4	5.5%
South West	8	11.0%
Wales	2	2.7%
Scotland	4	5.5%
Northern Ireland	2	2.7%
Isle of Man	0	0.0%
I don't live in the UK	1	1.4%
Prefer not to say	0	0.0%
Social grade		
A	22	30.1%
В	11	15.1%
	1.1	10.170

C1	4	5.5%
C2	12	16.4%
D	4	5.5%
Ε	20	27.4%
Prefer not to say	0	0.0%

Estimating how many men are diagnosed with prostate cancer after taking the Risk Checker

If we assume the survey sample is representative of all 81,976 men who completed the risk checker and opted in to receive emails from Prostate Cancer UK, we can estimate that approximately 33,610 men underwent a PSA test between January 1st 2023 and June 30th 2024. Among them, we estimate that around 2,828 men were diagnosed with prostate cancer, which averages to 103 diagnoses per month.

Survey Limitations

The prostate cancer diagnosis rate for all men who completed the survey was 3.45%. It is important to note that this rate may be influenced by selection bias, as men who are more engaged with their health, and men who have high prostate cancer awareness are likely overrepresented in prostate cancer survey responses. Therefore, the diagnosis rate can only be used to estimate outcomes for men who completed the risk checker and agreed to be contacted by Prostate Cancer UK between January 1st 2023 and June 30th 2024.

We were unable to draw conclusions on the number of men who were refused a PSA test from their GP due inaccuracies in data reporting.

A key limitation of this survey is the lack of information on the stage and grade of prostate cancer diagnoses, limiting our ability to assess if taking the risk checker results improves the diagnoses of prostate cancers that require treatment.

The risk checker was designed to inform men about their prostate cancer risk and support them in making an informed choice about the PSA test. It was never intended as a tool to diagnose prostate cancer. Based on our past publications, we're confident that the risk checker is supporting men in making an informed choice about the PSA test, and we can see the impact of our awareness-raising campaign reflected in national prostate cancer statistics.

While it remains unclear whether using the risk checker leads to an increase in diagnoses of clinically significant prostate cancer, and we are still unable to quantify exactly how many men are diagnosed with prostate cancer after taking the risk checker, we are confident that it is an integral part of our awareness raising activity and helps

reach and activate men at highest risk, and supports them in making an informed choice about prostate cancer and the PSA test.