

**It's time to reduce cancer  
inequality and late diagnosis:**



**PROSTATE  
CANCER UK**

## Reduce cancer inequality and late diagnosis 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. This is fundamental to successfully deliver government 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 45-69 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<sup>1</sup>.
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<sup>2</sup>. 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 all political parties to commit to delivering the proposed solutions within the first year of the new parliament.** Given the significant patient population involved, and the distinct challenges faced by these men, adopting these measures will give the next Government the tools it needs to deliver commitments on reducing profound health inequalities and meeting the 75% early cancer diagnosis target.

## Introduction:

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<sup>3</sup>. **It doesn't need to be this way.**

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 party forming the next Government to deliver commitments relating to health inequalities and late cancer diagnosis.

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%

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# The case for proactively offering men at highest risk of prostate cancer access to a PSA blood test

We need proactive interventions to diagnose highest risk men earlier – and we need them now.

The fact that early-stage prostate cancer usually remains symptomless presents the most significant barrier to early diagnosis. Many men will not notice changes in their body until it's too late. They also will not receive an invite for testing – even when they are 1 in 4 risk or higher.

Clinician confusion about the outdated guidelines and risk factors mean that not only will men not receive an invitation, at Prostate Cancer UK, our nurses hear all too often from men at highest risk due to their ethnicity or family history who are talked out of accessing PSA testing by clinicians who are concerned about the safety of PSA testing. This pattern is harmful and must not continue.

Evidence shows that recent NHS innovations in prostate cancer diagnosis have made the diagnostic process safer and more accurate, specifically since the introduction of MRI<sup>4</sup>. The new pathway delivers a reduction in harm that fundamentally shifts the balance in favour of proactive early-diagnosis programmes for the men at highest risk.

Current strain on primary care creates significant barriers to early diagnosis. A 2023 survey commissioned by Prostate Cancer UK of over 1,000 men aged 45-70 showed only half (53%) were confident they could get a GP appointment when they need one. 71% agreed *“unless symptoms are really serious, I just get on with it rather than going to the GP”* which is deeply troubling when early prostate cancer is so often symptomless. To make progress on diagnosing prostate cancer earlier we need an end to the reliance on highest risk men needing to ask for testing and we need new services that enable them to access the PSA blood test without joining the 8.00am queue for a primary care appointment.

**Men aged 45-70 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.**

**53%**

were confident they could get a GP appointment when they need one

# 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<sup>1</sup>. 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<sup>5</sup>. 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%<sup>6</sup>.**

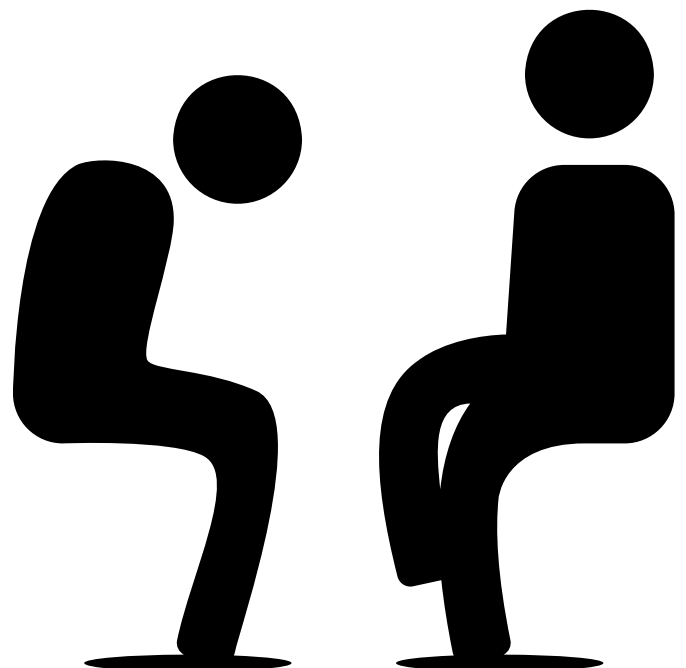
Stage 1 and 2 prostate cancer is usually symptomless, meaning men are less likely to be aware of their illness until it has progressed. Acknowledging the largely asymptomatic nature of early prostate cancer, current NHS guidelines state that the PSA blood test (the first step to diagnosing prostate cancer) 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<sup>7</sup>.**

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<sup>8</sup>,** 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



# 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**<sup>9,10</sup>.
- Black men have **double the risk** of being diagnosed with, and dying from prostate cancer<sup>11</sup>, and are shown to experience poorer outcomes than other men.<sup>12</sup>
- 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<sup>13</sup>.
- **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<sup>14</sup>.
- Both **Black men and men with a family history of prostate cancer also tend to develop the disease at a younger age**<sup>15</sup> – 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.** They can present with more aggressive prostate cancer and may have poorer outcomes than men from urban areas, despite equivalent quality of treatment.

# Proactively offering men at highest risk of prostate cancer access to a PSA blood test – The Detail

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<sup>16</sup> 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**. Whilst we welcome the co-funding from the NIHR, this once in a lifetime trial will not produce implementable results for at least a decade. **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.**

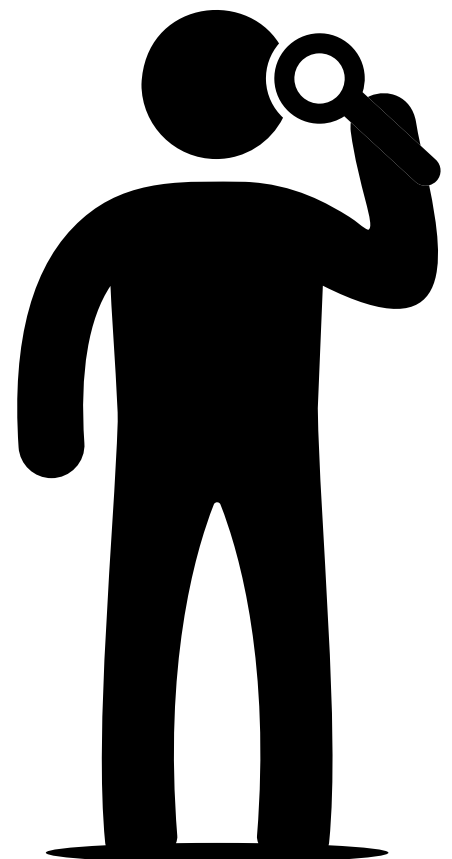
NHS Guidelines set out that men are entitled to a PSA blood test but state “GPs should not proactively raise the issue of PSA testing with asymptomatic individuals”. This creates a paradox where men can have a PSA test on the NHS, but only if they know about it and request it. In addition, the guidelines are poorly understood and increasingly outdated as they do not reflect changes in the ways that prostate cancer is diagnosed **and treated**.

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<sup>17</sup>. 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](mailto:campaigns@prostatecanceruk.org)

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# PROSTATE CANCER UK

## It's time to reduce cancer inequality and late diagnosis: **A Prostate Cancer UK Manifesto**

Endorsed by:

