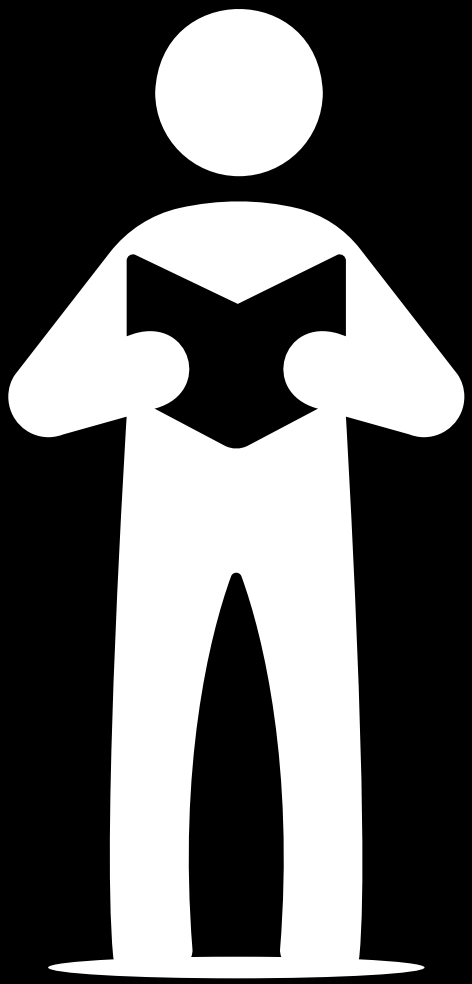
Prostate Cancer UK Manifesto for Wales:

Senedd elections 2026 and beyond



PROSTATE CANCER UK

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Who we are

We're Prostate Cancer UK. We're striving for a world where no man dies from prostate cancer.

1 in 8 men will get prostate cancer. We work to give every man the power to navigate it. Whether that's helping men understand their risk, make the right choice about treatment or get the expertise they need to feel informed and in control.

We make every pound count. We've invested over £100 million into the best researchers in the world to unravel the complexity of prostate cancer, so we can give men precise and personalised care with the right treatments at the right time, for the best chance of living the full life they want.

Introduction

Too many men in Wales are being diagnosed with prostate cancer too late. According to recent analysis by Prostate Cancer UK, **age-standardised incidence rates of stage 4 prostate cancer increased to an all-time high at 43 per 100,000 per year in 2022.**

Yet, when detected early, prostate cancer is treatable and almost 100% of men diagnosed with Stage 1 prostate cancer will be alive after five years. This figure drops to just 50% when men are diagnosed at Stage 4.[1,2]

With prostate cancer now the most common cancer in men in Wales, it is vital that the Welsh Government goes further in driving down late-stage diagnoses by detecting and diagnosing prostate cancer earlier and faster. Every year, more than **2,500 men are diagnosed**, and around **640 men die** from prostate cancer in Wales. Across the UK, it is the second biggest cause of cancer deaths in men. It doesn't need to be this way.

While we welcome previous strategies and plans to improve prostate cancer outcomes, more must be done.

A future where no man dies of prostate cancer

We're giving men the power to navigate this disease, but we can't take it on alone. We need more of us to stand together to make a world where no man dies of prostate cancer.

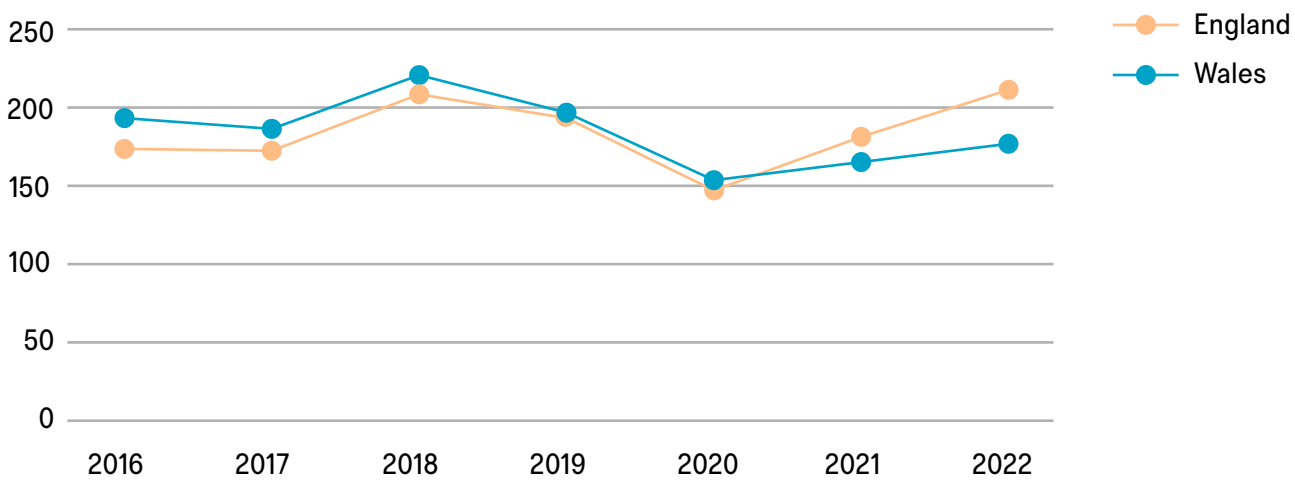
We're calling on all parties to commit to:

1. Updating NHS Wales guidelines so GPs can proactively inform men at higher risk of their options – including Black men, those with a family history of prostate cancer or a confirmed BRCA gene variation – while replacing unclear patient information with our Risk Checker and investing in targeted risk awareness campaigns.
2. When finalised, adopting and implementing the recommendations of the UK National Screening Committee (UK NSC) on targeted prostate cancer screening in men with a confirmed BRCA gene variation.
3. Providing funding for NHS Wales to deliver fast, high-quality prostate cancer diagnostics that can meet rising demand, whilst continuously scanning for evidence-based innovations, that improve outcomes for men, to implement across all Health Boards.
4. Accelerating data release and improve quality by investing in analysts, training, and resources, while strengthening collaboration with cancer charities for coordinated research. Publish prostate cancer-specific data to identify bottlenecks, performance gaps, and best practice, enabling targeted interventions.
5. Implementing risk-stratified active surveillance for early prostate cancers that do not require immediate treatment, through strategic cancer service planning and funding where needed.
6. Taking on board and actioning the findings of the Audit Wales report on Cancer Services in Wales to address the significant challenges with workforce capacity.

Risk awareness and early detection

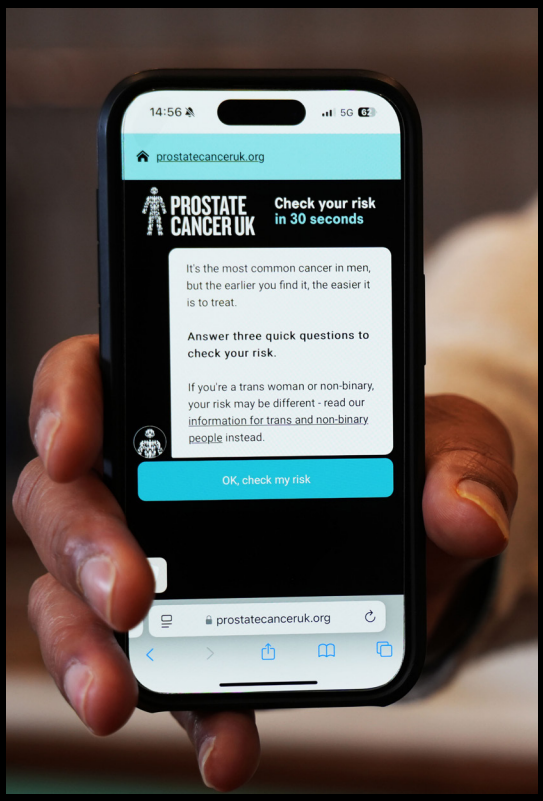
The creation and implementation of the National Optimal Pathway (NOP) for Prostate Cancer in 2020 was important in setting out a roadmap for reducing variation and improving outcomes for men in Wales. It sets out a clear plan for diagnosing or ruling out cancer in men suspected of having prostate cancer quickly and efficiently. It is vital that the NOP for Prostate Cancer receives adequate funding given that the incidence of prostate cancer diagnosis in Wales is slower to return to pre-pandemic levels, compared with England.

- **Pre-pandemic levels:** In 2019, 198 men per 100,000 in Wales were diagnosed, compared to 194 per 100k in England.
- **Post-pandemic recovery:** In 2022, 2,833 men were diagnosed, that is 178 per 100,000.



Age-standardised incidence rates of prostate cancer, per 100,000, between 2016-2022, comparing Wales with England, showing slower post-covid pandemic recovery.

To address the issues around post pandemic recovery, Prostate Cancer UK partnered with NHS England in 2022 to deliver a national awareness campaign – to *'Find the 14,000 men'*. The campaign call to action was for men to ***'Check your risk'*** and they were signposted to our Risk Checker.[3]



Data from the campaign suggests that awareness-raising activity effectively reached men who needed their prostate cancer diagnosed and treated.[4] However, despite our efforts, the Welsh Government declined to partner with us on similar risk-awareness activity.

An essential approach to driving down late-stage diagnoses is through risk awareness. This is important for prostate cancer because early-stage prostate cancer rarely presents with symptoms. Funding early detection programmes would mean that men are not waiting for symptoms before they seek help, when it is often too late and the cancer has spread.

More efforts must be made to drive the recovery in prostate cancer incidence rates in Wales, particularly in areas of high deprivation. This could be achieved through similar schemes such as the Primary Care Network Directed Enhanced Services in England where GPs could initiate proactive case finding projects.[5]

Why early detection matters

Too many men are dying from prostate cancer because they are diagnosed too late. In 2023, Prostate Cancer UK published evidence that showed that men in Wales had an increased risk of being diagnosed late, compared to other parts of the UK.[6]

Public Health Wales reported that prostate cancer was one of the four cancers that accounted for 43% of all cancer deaths in 2024. It said prostate cancer accounted for 7% of all cancer deaths (13% of male cancers) and was therefore the third leading cause of cancer mortality overall and second leading cause for men. The report highlights that cancer mortality rates remain higher (by 52% in 2024) in the most deprived areas of Wales compared to the least deprived areas.[7]

- 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.[8]
- The recent National Prostate Cancer Audit (NPCA) report also suggests that 20% of men presented with metastatic prostate cancer in Wales between April – December 2023, with a range of 17-22% across Health boards.[9]
- The rate of stage 4 disease also increased to an all-time high by 2022 and latest data showed there were 689 men diagnosed at stage 4 in 2022.[10]

Prostate cancer accounted for

7%

of all cancer deaths

At stage 4, the cancer is incurable, and the cost of care also increases. In the UK, 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.[11] 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.

However, current informed-choice guidelines rely on men knowing their risk and taking action to ask their GP for a prostate specific antigen (PSA) blood test, a policy that we know creates inequalities in access.[12,13]

Prostate cancer screening

The UK NSC recently published a draft recommendation to offer targeted national prostate cancer screening to men with confirmed BRCA1 or BRCA2 gene variants every two years from age 45-61.[14,15] Following a consultation period the recommendation will be finalised. We urge Ministers in Wales to adopt the UK NSC's recommendation and set out a clear plan for funding and roll-out.

We're calling for:

1. Updates to NHS Wales guidelines so that GPs can proactively tell Black men, men with a family history of prostate cancer, and those with a confirmed BRCA gene variation about their higher risk, offering access to the PSA blood test.
2. Investment in risk-awareness campaigns, especially in areas of deprivation, to ensure all men know their prostate cancer risk and can make an informed choice about having a PSA test.
3. The replacement of ineffective, confusing NHS patient information with the proven Prostate Cancer UK Risk Checker tool.
4. The adoption of the UK NSC recommendation on prostate cancer screening in men with a confirmed BRCA gene variation, backing this with a clear funding and roll-out plan.

Fast and accurate diagnosis

In creating the NOP for prostate cancer, NHS Wales is focusing efforts from the point of diagnosis. This is a welcome development in addressing delays and speeding up a patient's journey from diagnosis through to treatment. It is also important given that on the Single Cancer Pathway (SCP), have rarely been met since its inception.

Data published by Digital Health and Care Wales (DHCW) from April 2025 to September 2025 reveals that delays in the urology pathway are being experienced from point of suspicion (POS) to when a patient starts their initial treatment.[16]

Target description	National Optimal Pathway (NOP) for prostate cancer targets	Average of monthly median reported	Difference between target and reported
Point of suspicion (POS)	0 days	N/A	N/A
POS to first outpatient appointment	<5 days	15 days	10 days
POS to straight to test MRI	<5 days	Not reported	Not reported
POS to first diagnostic test	<7 days MRI ± biopsy	18 days	11 days
POS to cancer diagnosis or ruling out	<28 days	59 days	31 days
From diagnosis to first definitive treatment starting	<21 days	34 days	13 days
From POS to first definitive treatment starting	**62 days**	**91 days**	**29 days**

Source: Digital Health and Care Wales, Suspected Cancer Pathway Dashboard.[17] NB: data presented is for suspected urological cancers of which approximately 92% of data is made up of male patients with the assumption that a large proportion are prostate cancer cases.

Overall, the suspected urological cancer pathway is being delayed by 29 days on average, with most of the delay occurring between diagnostic tests and patients being informed of their results. This suggests delays to reading/reporting and interpretation of images and tests within the Multidisciplinary Team setting.

Just 39% of urological cancer patients start treatment <62 days from POS. The target is 75%, yet the NHS in Wales have never achieved this target in a single month.

39% **of urological cancer patients start treatment <62 days from point of suspicion (POS). The target is 75%, yet the NHS in Wales have never achieved this target in a single month.**

Tumour site	April 2025	May 2025	June 2025	July 2025	August 2025	September 2025	Average
Urological	**39%**	**36%**	**39%**	**39%**	**41%**	**37%**	**39%**
Lower GI (colorectal/ bowel)	44%	51%	41%	43%	41%	42%	44%
Lung	58%	50%	55%	57%	56%	50%	54%
Breast	73%	68%	62%	64%	64%	61%	65%
All sites	61%	62%	61%	61%	62%	59%	61%

Comparison across the four most common cancers in Wales. Percentage of patients who started treatment within the target (62 days from point of suspicion), all Health Boards in Wales. Source: Digital Health and Care Wales, Suspected Cancer Pathway Dashboard, Analysis by Tumour Site.[17]

Meeting the 62-day target is critical to reducing anxiety and fear whilst men are waiting for a diagnosis, or ruling out, of prostate cancer.[18]

We welcome publication of the NHS Wales National Cancer Team Integrated Workplan 2025-26 and the priority actions for the urology pathway, including – sharing of identified good practice "models of delivery"; identification of optimum workforce models for prostate cancer and support for the development of nurse led models of care.[19] A future Welsh Government should continue the prioritisation and funding of urology and prostate cancer pathways to drive improvements.

Modernising the prostate cancer diagnostic pathway

It is also vital that Health Boards can use emerging developments in the prostate cancer pathway to speed up diagnosis. The PRIME trial shows that switching from multiparametric MRI (mpMRI) to biparametric MRI (bpMRI) can deliver shorter, contrast-free scans without compromising accuracy, and could enable community-based imaging. bpMRI reduces scan time by a third, lowers costs and frees up capacity, helping men access timely diagnosis.[20]

Published in JAMA, these findings suggest bpMRI could ease NHS bottlenecks and improve patient experience. The ongoing PACIFIC trial will confirm its effectiveness in UK settings. In the meantime, hospitals can prepare by improving scan quality, as faster MRIs depend on high-standard imaging.[21]

Artificial intelligence (AI) trials aim to ease bottlenecks and improve cancer detection, but governance is essential before wider NHS rollout. Good examples of innovations using AI to analyse and categorise digital pathology slides can be seen in the Betsi Cadwaladr University Health Board (UHB), where a 13% increase in cancer detection was reported.[22]

Innovations such as PROSTAD stem from researchers based in Swansea University working with Hywel Dda UHB to significantly reduce diagnostic delays. The feasibility assessment and implementation of this innovation across other Health Boards should remain a high priority, but this must be funded if it is to be effectively implemented.[23,24]

We're calling for:

1. Funding NHS Wales to deliver high-quality, fast prostate cancer diagnostic services that can manage the expected increases in men coming forward for a diagnosis.

2. Continuous horizon scanning to identify the latest evidence-based technologies and innovations that could be funded for implementation across all NHS Wales Health Boards.

Prostate cancer management

Active surveillance is a management approach that allows some men with localised, low-risk prostate cancer to delay or avoid radical treatment and the associated side-effects. It's estimated that up to a third of all prostate cancer cases are suitable for surveillance; with some men being monitored for many years following their diagnosis.

Increases in the incidence of prostate cancer will likely mean more men on surveillance pathways, and additional strains on urology and diagnostic imaging (MRI) services. The implementation of risk stratified follow-up approaches for active surveillance will be critical to managing demand. Models such as Stratified Cancer Surveillance (STRATCANS) have been shown to reduce clinic follow-up visits, repeat MRI scans, and biopsy events in UK and US studies. In UK studies, the implementation of STRATCANS was observed to reduce clinic visits by 22% and MRI scans by 42% in the first 12 months.[25,26] We have developed an implementation toolkit to support NHS Health Boards to adopt STRATCANS into their practice.[27] However, implementation needs to be backed by the next Welsh Government through strategic cancer service planning and funding.

Ken Green, 75, Caerphilly, Wales

In 2011, Ken began needing to urinate more often and, encouraged by his wife, visited his GP. A physical examination showed an enlarged prostate and a biopsy confirmed prostate cancer. Shocked by the diagnosis, he initially feared the worst, having assumed his symptoms were simply age-related. After discussing options with his consultant, Ken chose active surveillance, as his PSA levels were only slightly raised and he wanted to avoid treatment side effects. Ken still remains on active surveillance, managing ongoing symptoms.

Workforce

Public Health Wales estimate that if current trends continue, there could be 4,244 prostate cancer cases each year by 2035 (a projected 18% increase from 2025 to 2035).[28] Health Education and Improvement Wales (HEIW) Education and Training Plan 2025-26, and the recent Audit Wales report on Cancer Services in Wales, both highlight the significant challenges with workforce capacity. They list specialist professional roles where shortages and longstanding gaps are impacting on diagnostics and cancer services.[29,30]

Primary Care (GPs & Practice Nurses)

- With no national screening programme, GPs require adequate training and funding as the main access point for early prostate cancer detection. PSA testing relies on informed patient choice, so it is critical that we improve awareness of prostate cancer in general practice so men who ask about the PSA test receive balanced information.

Urology

- HEIW have highlighted urology surgeons as a professional role where shortages and longstanding gaps exist. These shortages create surgical delays, causing stress and reliance on interim treatment, which can harm outcomes.

Clinical Nurse Specialists (CNSs)

- CNSs improve patient experience, support decision-making, and coordinate care.[31]
- Increasing the number of prostate cancer CNSs will be critical to addressing increasing workloads due to expanding roles and responsibilities, urology service demand, and the need for personalised care.

Care Navigators

- Macmillan support workers can free up capacity for CNSs to carry out clinical tasks and improve pathway efficiency. For example, by introducing a uro-oncology cancer pathway navigator, East Sussex Healthcare NHS Trust freed up consultants and nurses to focus on complex cases, saving over 613 clinic hours and approximately £196,000. Diagnosis times halved to 32 days, and treatment started within 60 days.[32]

Radiology

- Radiology underpins diagnosis, treatment and monitoring of prostate cancer. The Royal College of Radiologists (RCR) describes shortfalls of 34% and 12% in the radiology and clinical oncology workforces, likely to deteriorate to 38% and 28% respectively by 2028.[33]

Histopathology

- Critical for timely diagnosis and treatment. Rising complexity in biopsy sampling and an ageing workforce (retirements in 5–10 years) are placing a strain on capacity. A recent survey found that 60% of consultants felt their department lacked adequate resources (for example staffing) to meet service demand.[34]
- Continued investment is needed to scale up innovations where AI can support the review and reporting of prostate biopsy samples.[23]

Clinical & Medical Oncologists

- Currently, there is a shortfall of 185 clinical oncologists (15%) across the UK. By 2028 the RCR predict that the UK-wide shortfall will have increased to 21%.
- In 2023, Wales's clinical oncologist consultant workforce grew by 6 WTEs, equivalent to 12%, by far the largest percentage growth of the four nations. The medical oncology consultant workforce has also increased. This positive trend needs to be maintained to ensure men with prostate cancer have timely access to treatment.[35]

Clinical Biochemists

- A key professional healthcare group for PSA testing in diagnosis and follow-up (active surveillance, post-treatment) in prostate cancer patients.
- Recent data has estimated that between 2000-2018, over 3.8 million PSA tests were carried out in England alone.[36] Over the next 10-years, PSA testing rates are likely to increase due to factors such as increased risk awareness and outreach programmes and increasing life-expectancy in men.[37]

Access to Data

Healthcare data is vital for understanding cancer's impact and the influence of sociodemographic factors on prostate cancer outcomes. Despite its potential, Welsh cancer data ecosystem faces gaps in quality, accessibility and interoperability.

Key issues include poor interoperability across Wales' datasets, inconsistent metrics, and delayed publication. Ethnicity and grade-specific diagnosis data remain incomplete and often published with a 2–3 year lag, hindering research.

Institutions like NHS DHCW must be protected and adequately funded to enhance data completeness and accessibility. Investment in data analysts and training is critical to speed up publication and improve standards.

Clinicians should be supported to engage in research as part of high-quality care, with NHS Health Boards recognised for research participation. Greater collaboration with cancer charities and funding for coordinated research efforts are needed.

Finally, as highlighted by the recent report from the Ministerial Advisory Group (MAG) on NHS Wales Performance and Productivity, it's not possible to compare Health Board performance on prostate cancer because it is reported within a wider "urology" category with other cancers. The MAG report also highlights a lack of linkage between national cancer and diagnostic datasets. It sets out a recommendation for "*DHCW to develop a plan to collect and publish more granular tumour-level performance data from the beginning of the 2026/27 financial year*". The current Welsh Government have accepted this recommendation and it's important the next Welsh Government continue to support its delivery.[38]

We're calling for:

1. The next Welsh Government to accelerate data release and allocate resources to improve data quality and timeliness.
2. Investment in data analysts and training which is critical to speed up publication and improve standards.
3. Greater collaboration with cancer charities and funding for coordinated research efforts.
4. Prostate cancer specific data to identify bottlenecks, performance gaps, examples of best practice, and allow for effective targeting of interventions.

A Cancer Strategy for Wales

Prostate Cancer UK supports the calls made by the Wales Cancer Alliance (WCA) in its recently published manifesto - **FIXING THE FOUNDATIONS: Building a better future for cancer care in Wales.**[39] We back the need for a long-term, comprehensive and dedicated cancer strategy that provides clear solutions to addressing the current gaps in cancer care in Wales. A cancer strategy must include a path to reducing health inequalities, ensuring that everyone has access to the best quality treatment and care wherever they live in Wales.

PROSTATE CANCER UK

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