

Prostate Cancer Screening

Why think about screening?

- Prostate cancer is the most common cancer in men in the UK.
- Around 1 in 8 men will be diagnosed during their lifetime.
- Risk increases with age.
- Risk is higher if:
 - You have a family history of prostate cancer.
 - You are of Black ethnicity.
 - You are aged over 50

What is a PSA test?

PSA (Prostate Specific Antigen) is a protein made by the prostate gland. A simple blood test measures the PSA level.

A raised PSA can be caused by:

- ✓ Prostate cancer
- ✓ An enlarged prostate
- ✓ Inflammation or infection
- A raised PSA does **not** automatically mean cancer.

What Happens Per 1,000 Men Screened for Prostate Cancer with a PSA Test?



Subsequent trial data showed that up to **2** deaths from prostate cancer would be avoided per every **1,000** men screened (or **1** death avoided in **570** men screened) (5).



2 men would avoid dying from prostate cancer.



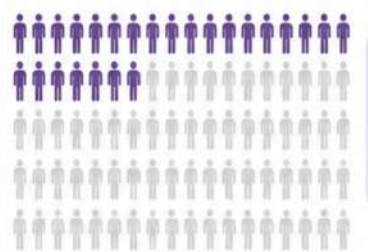
3 men would avoid developing metastatic cancer.



5 men would die from prostate cancer despite having screening, diagnosis, and treatment.



240 men would have a positive PSA test result, many of whom would have a biopsy that shows that the result was a false-positive; some men who had a biopsy would experience at least moderately bothersome symptoms (pain, bleeding, or infection) from the procedure (and 2 would be hospitalized).

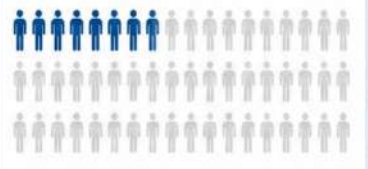


2 would be hospitalized

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100 men would be diagnosed with prostate cancer. Of those, 80 would be treated (either immediately or after a period of active surveillance) with surgery or radiation.



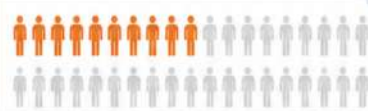
Of the 80 treated, many would have a serious complication from treatment:

50 would experience sexual dysfunction

15 would experience urinary incontinence



200 men would die of causes other than prostate cancer.



Remember, still most men die **with** prostate cancer, not **from** it.

⚠ POTENTIAL HARMS This potential benefit needs to be balanced against several potential harms:

	1. OVERDIAGNOSIS AND OVERTREATMENT	Some cancers detected through PSA screening grow so slowly that they would never cause symptoms or become life threatening. However, treating them can cause harms. Detecting tumors that would not have caused problems during someone's lifetime is called "overdiagnosis," and treating them is called "overtreatment."
	2. TREATMENT COMPLICATIONS	Overtreatment exposes a person unnecessarily to potential complications. These include urinary, bowel, and sexual side effects, such as leaking of urine following surgery; increased frequency and urgency of urination following radiation; loose stools or, less commonly, rectal bleeding, following radiation; and loss of erections or decreased erections, following both surgery and radiation.
	3. EARLY DETECTION DOES NOT ALWAYS RESULT IN CURE	Detecting prostate cancer earlier does not always result in cure. While the PSA test can help detect small tumors, some of these tumors, regardless of size, may have already spread beyond the prostate before being detected and may not be curable.
	4. FALSE-POSITIVE TEST RESULTS	The PSA test may give false-positive results. A false-positive test result occurs when the PSA level is elevated but no cancer is present. A false-positive test result may create anxiety and lead to additional medical procedures, such as a prostate biopsy, that can be harmful. Possible side effects of biopsies include serious infections, pain, and bleeding.

For these reasons, the National Screening Committee has recommended against blanket screening for the whole population.

So why would you still consider a PSA test?

In the past, men with a raised PSA often went straight to a prostate biopsy.

A biopsy involves taking tissue samples from the prostate and can:

- Be uncomfortable
- Cause bleeding or infection
- Occasionally miss important cancers

Today, we can often obtain much more information before deciding whether a biopsy is needed by using a specialised **multiparametric MRI, which gives detailed pictures of the prostate. It helps doctors identify areas that may be suspicious for cancer and assess whether a biopsy is likely to be helpful.**

At Cambridge Private Doctors, we have access to one of the best in the UK

How can MRI help?

- ✓ Avoid unnecessary biopsies
- ✓ Target biopsies more accurately when needed
- ✓ Reduce the chance of finding harmless cancers
- ✓ Improve detection of more significant cancers
- ✓ Combine PSA results with prostate size (PSA density) for better decision-making

Research is ongoing, including large UK studies such as the Transform Trial.

Many specialists believe MRI-based assessment improves the pathway, but there is not yet enough evidence for the NHS to offer routine prostate cancer screening to all men.

The decision about PSA testing and MRI assessment remains a personal one and should be made after discussion with your doctor.

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If you are aged 50 or over, or have a family history or other concerns, talk to us at Cambridge Private Doctors.

You can decide together if a PSA test is right for you.