

Position Statement on Prostate Cancer & PSA testing

May 2025

Not a lot has changed, sadly, despite the publicity around high profile men who have bravely shared their prostate cancer journeys, hoping that by doing so this would lead to improved prostate cancer diagnosis and awareness amongst that hard to reach and when it comes to health prevention, stubborn group in the UK population, men.

Prostate Cancer became the most commonly diagnosed cancer in England in 2018¹, surpassing breast cancer and remains so today. Half of all prostate cancers, in England, are identified at stage 3 or stage 4 (stage 4 is the most advanced). In the UK 85% of breast cancers in women are diagnosed at stage 1 or stage 2 – early stages, typically this is before the cancer has spread extensively². To be clear about the benefits of early diagnosis: the one-year survival rate for breast cancer diagnosed at stage 1 is close to 100%³ (for stage 4 this drops to 67%)³. And the equivalent number for prostate cancer? Unable to find it - even with the use of ChatGPT, the one year survival rates for stage 3 or stage 4 prostate cancer figures are not available – why? However you look at it, with no screening and an on average later stage diagnosis, prostate cancer looks likely to remain the second most common cause of deaths in males in the UK at around 14%, (lung cancer accounts for around 21% of all male deaths in UK).

So, against this background of no screening programme and late diagnosis, as a man who may have heard about the athlete Sir Chris Hoy being diagnosed with stage 4 terminal prostate cancer, a fit man with no symptoms, what happens if you have concerns about Prostate Cancer in Worcestershire?

Worcestershire Prostate Cancer Support Group (WPCSG) provide knowledgeable and reliable support for those impacted by prostate cancer. Their contact details are below. They also organise and run PSA testing sessions. Over the last 18 months they have kindly allowed Healthwatch Worcestershire to carry out surveys on the men who were attending these PSA testing sessions.

We discovered that there was wide variation in the response received when making an enquiry about PSA testing. Common reported responses were:

'We don't do PSA testing if you haven't got symptoms, come back when you do...'

'PSA testing is unreliable, so we don't recommend it'

In January 2024 we informed the CEO of NHS Herefordshire & Worcestershire of the survey's results and HWW concerns about the apparent unwarranted variation in access, within Worcestershire, to NHS England's Informed Choice Programme for PSA testing. We received back assurance that PSA testing is available in Worcestershire¹⁰. Healthwatch also wrote to all the GP practices within the county asking for assurance that each GP Practice will provide, for those who meet the eligible criteria, access to the Informed Choice Programme for PSA testing. We had around a 37% response rate providing HWW with the reassurance asked for. Of the rest we hope that will also be offering this service.

Time to look at the guidance

The current guidance available is confusing and depending on where you look you get different recommendations:

<https://www.nhs.uk/conditions/psa-test> this says testing maybe recommended if you have symptoms that could indicate prostate cancer. No mention of risk factors or asymptomatic prostate cancer.

Around 20% of prostate cancers in the UK are detected following asymptomatic PSA testing according to a 2025 study⁵ looking at data from the 2018 National Cancer Diagnosis Audit in England, suggesting a

significant proportion of men are diagnosed before they experience symptoms.

Advice for men without symptoms of prostate disease:

<https://www.gov.uk/government/publications/prostate-specific-antigen-testing-description-in-brief/psa-testing-and-prostate-cancer-advice-for-men-without-symptoms-of-prostate-disease-aged-50-and-over>

This is not an NHS site but is a GOV.UK site – the Office for Health Improvement & Disparities. It talks about risk being higher for men aged over 50, those who have a close relative who has had prostate cancer and/or are of black origin.

The NHS Prostate Cancer Risk Management Programme (PCRMP) provides GPs and primary care professionals with information to counsel asymptomatic men aged 50 and over who ask about prostate specific antigen (PSA) testing for prostate cancer.

Any asymptomatic man, aged 50 and over can make an appointment with their GP to discuss having the PSA test. GPs should not proactively raise the issue with asymptomatic men.

<https://www.gov.uk/guidance/prostate-cancer-risk-management-programme-overview>

This Prostate Cancer Risk Management Programme (PCRMP) advises GPs not to raise PSA testing with asymptomatic men. This cannot be right - do not raise prostate cancer health messages with a black man over the age of 45 with a close family history of prostate cancer but no symptoms? Really? Already an underserved group and therefore further increasing health inequalities.

We'll get back to Worcestershire next but first we need to look at the consensus statements **that Prostate Cancer UK (PCUK)** developed with an independent panel of clinical experts across a broad range of disciplines:

- PSA testing guidelines for primary care and men are outdated i.e. *PSA test, then biopsy.*

- No clear guidance on men at higher risk. These are:
 - Black men, 45+
 - Men with a family history of prostate cancer, 45+
 - Men with confirmed BRCA2 gene variations
 - NICE 2019 guidelines recommend pre-biopsy multiparametric MRI (mpMRI) and active surveillance for men in Cambridge Prognostic Group (CPG)1 and CPG2 risk groups (safer, more accurate & reduces overtreatment)

PSA Consensus 2024⁶

Conclusion *Improvements in the prostate cancer diagnostic pathway may have reduced some of the harms associated with PSA testing; however, several areas of uncertainty remain in relation to screening, including optimal PSA thresholds for referral and intervals for retesting. There is consensus on proactive approaches to testing in higher-than-average risk groups. This should prompt a review of current guidelines.*

And some of the key points from the consensus:

- *All informed men should have the potential to access the PSA blood test from the age of 50 years*
- *Strongly recommend that the PSA blood test be proactively discussed with any of the following:*
- *Black men from the age of 45 years*
 - *men from the age of 45 years if they have a known family history of prostate cancer, particularly if a first-degree relative has died at a young age of this cancer; and*
 - *men from the age of 45 years if they have confirmed genetic risk factors that increase their risk of developing prostate cancer, for example, BRCA2 gene mutations*
- *men from the age of 45 years if they have a known family history of prostate cancer, particularly if a first-degree relative has died at a young age of this cancer; and*
- *men from the age of 45 years if they have confirmed genetic risk factors that increase their risk of developing prostate cancer, for example, BRCA2 gene mutations*

As already mentioned guidance for doctors and patients is confusing, varied across the UK, not just Worcestershire, and therefore is unhelpful, especially when the ongoing major trials that are underway to bring clarity will readout in years not months, so what needs to be done in the meantime? Let's see what these trials have to offer later on in this editorial to see what is on the horizon. But first is there a useful summary of this guidance that men from Worcestershire can use? Figure 1 is a suggested way in for patients. However it presupposes a level of knowledge that many men may not have. This therefore has to put the onus onto GPs to find these high risk patients.

Men aged 50 or over can ask their GP for a PSA test, even if they do not have symptoms, Anyone aged 50 or over with a prostate can ask for a PSA test
<https://www.nhs.uk/conditions/psa-test>.

High risk patients ≥ 45 years old - Primary care health professionals should proactively discuss prostate cancer risk and PSA testing in men with:

- o Black ethnicity**
- o Family history of prostate cancer**
- o Genetic risk factors such as BRCA gene variation that increase their risk (NHS Wessex Cancer Alliance¹¹).**

Figure 1 – Patient summary of where they should focus discussions with their GP

And back to Worcestershire...

The messaging around prostate cancer remains confused. WPCSG organised and ran a paid for PSA testing event in March at the Community Centre in Redditch. Out of the 240+ men who attended Healthwatch Worcestershire were able to survey 100. This demonstrated the level of interest in PSA testing, most attendees were not aware of who to ask for advice on Prostate Cancer and PSA testing and many did not know that a PSA test is available to men over 50 with or without symptoms. There were a number of men who were very aware and a larger number that were not aware of the link with a family history of prostate cancer. Feedback from 4 men who had told their GP of their family history were discouraged from having a PSA test. 12 men were discouraged from having a PSA test and one black African man has never been asked about his family history of cancer. And another man with a strong family history of prostate and breast cancer has never been asked about his family's cancer. We understand that there may well be good reasons behind all these reports however when comparing these responses with previous surveys there is a clear need for more education – where does an over 50's (or over 45 black men) get reliable information on Prostate Cancer? These men wanted more guidance on this under diagnosed disease.

When we looked at how the men heard about this PSA testing event many heard by word of mouth. For example, the local fishing group, the local cycling group, Age UK – Men in Sheds, the Rotary Club and friends who have had prostate cancer all played their role in making these Redditch men aware that PSA testing was available. There is an appetite for preventative health awareness not being filled by the NHS, with local and national prostate cancer charities filling this space. How about some targeted health promotion in Worcestershire based on risk?

What else can help patients understanding of Prostate Cancer?

Prostate Cancer Campaigns

Prostate Cancer Research commissioned a survey conducted by **One Poll** (reported in The Daily Mail 7th April 2025) 94% of a sample of 400 GPs across the UK support a roll out of a national screening programme for

high-risk groups. While 93% believe the screening would improve diagnosis rates, patient outcomes and reduce the risk of over-diagnosis. However, the same survey high-lighted the need for better training for GPs. When asked to identify which groups of men were at highest risk, just 38% correctly identified black men and 53% correctly identifying men with a close family history.

A study last year by Prostate Cancer Research found that more than half of those surveyed had problems getting a PSA test, with 39% saying their GP was reluctant to offer it – mirroring Healthwatch Worcestershire survey results.

Prostate Trials & UK Screening

The UK National Screening Committee (UKNSC) is conducting a comprehensive review of prostate cancer screening and is expected to launch a public consultation period towards the end of 2025. The **TRANSFORM trial** seeks to identify reliable screening methods that can be implemented by the NHS, with preliminary results expected around 2027, after which the main trial will monitor men over a period of 10 years.

This means we have a gap between now and when this and other current studies complete. Too long to wait for belt and braces results we need change now. Having read a number of reports it appears that the use of short MRIs (biparametric MRIs) combined with PSA tests appear to boost accuracy and reduce false positives. Adding this to targeted screening on higher risk men to get the best results. There a number of innovative trials looking at the best use of MRI in screening including pathways to identify high risk men with no symptoms.

Digital Rectal Examination - DRE

A survey on 2023 by Prostate Cancer UK found that 60% were concerned about a digital rectal examination, with 37% reporting they would not speak to a GP about prostate concerns because of this check. In 2022 the British Journal of General Practice reported that DRE wasn't reliable and probably does more harm than good. DRE only allows the clinician to feel the back wall of the prostate so any abnormalities in the middle of the front part

can't be felt. It is likely that the DRE will be discontinued. Many men who are referred to NHS clinics for tests having high PSA scores are now routinely offered MRI scans and so avoid unnecessary invasive biopsies.

Possible ways for GPs to find high risk prostate patients⁹

When seeing men as part of other health interventions add in questions to provide answers to family history of prostate cancer for close male relatives and BRCA 2 gene variation on the female side. Existing programmes could be used to facilitate this.

Enhanced Services (GPs):

- NHS health checks – adults 40 to 74 to assess risks of cardiovascular disease, diabetes, kidney disease and certain types of dementia

Primary Care Networks -Directed Enhanced Services (PCNs):

- Integrated care linked to and including early cancer diagnosis – initiatives to improve early detection of cancer

What can be done now?

Recommendations

1. Segment & Target

The key to shifting the curve to the left with Prostate cancer is to move the dialogue away from the pros and cons of PSA testing, these are already well known and have led to confusion amongst GPs and mixed patient advice, in fact there an argument that the circular argument about PSA testing has blocked picking up more men at earlier stages of prostate cancer. Can we now

move the dialogue to how we can get higher risk men in front of GPs and specialists and to shift more diagnoses into stage 1 and stage 2 with associated better patient outcomes and lower costs for the NHS?

2. Reach out to high risk patients

Simplify the messaging to patients. Make it about getting higher risk patients screened. Also, as part of this there appears to be a case for baseline PSA testing in high risk men over 50...

3. Upgrade the system

Incentivise GPs to find higher risk men and support this by investment in secondary care mpMRI screening.

Sir Chris Hoy – six time Olympic gold medallist revealed in October 2024 he had been diagnosed with stage 4 prostate cancer. Initially he had been experiencing shoulder pain which on investigation turned out to be a tumour in his shoulder which led to the discovery of primary cancer in his prostate. He was asymptomatic, a fit man of 47, no symptoms but with a family history. Both his father and grandfather were diagnosed with prostate cancer. Men with a family history of prostate cancer have twice the risk than those without this family history. Sir Chris advocates for lowering the age for prostate cancer screening, especially for men with a family history of the disease. He has been given a prognosis of two to four years to live.

"Catch it before you need to have any major treatment. To me it seems a no-brainer. Reduce the age, allow more men to just go in and get a blood test. Maybe people seeing this or hearing about my story - just by them asking their GP - will create enough of a surge of interest that people that make the decisions will go 'you know what, we need to address this'. And in the long term this will save potentially millions of lives."

BBC Sport website 24/11/2024

We see BBC presenter Nick Owen on our TV screens here in the West Midlands. Nick, 75 was diagnosed with prostate cancer in April 2023. Nick had no symptoms, but a PSA test raised concerns. He subsequently underwent a radical prostatectomy – removal of the prostate gland.

“Every week someone is writing to me to say hearing my story made them get a PSA (prostate-specific antigens) test, they were diagnosed and having the operation. I was in our village this week and a man came up to thank me. He had a PSA test as a result of the publicity, was diagnosed with prostate cancer and had the operation seven weeks ago.

Like me, he had no symptoms. It’s constant. It’s happened hundreds of times. It’s breathtaking and emotional. I’m glad some good has come out of this. It’s vital that people get tested.”

Independent, UK edition 20/04/2025

Limitations & Purpose

This is not an academic review of the clinical arguments for and against PSA testing.

A copy will be sent to the DHSC who have called for evidence to develop a Men’s Health Strategy for England.

It will also be published on Healthwatch Worcestershire (HWW) website and made available to local NHS decision makers.

This document can also be used by patients and their families in Worcestershire to help in their discussions with healthcare professionals, as better informed patients generally have better health outcomes.

HWW does not advocate for individuals and will always sign-post patients to their doctor for advice.

It is a summary, from a patient’s point of view, of the current publically available messaging around prostate cancer and PSA testing with the additional benefit of the feedback HWW has received from engaging with men being tested for their PSA levels by a local Worcestershire based prostate cancer support group.

References

- 1 Prostate Cancer UK <https://prostatecanceruk.org/>
- 2 Breast Cancer UK <https://breastcancernow.org/>
- 3 Parliament research briefings <https://questions-statements.parliament.uk/written-questions/detail/2025-01-06/22083>
4. Worcestershire Prostate Cancer Support Group (WPCSG) <https://worcspcsg.com/>
5. British Journal of General Practice (BJGP) February 2025:

Pulse Today: 'Wide variation in asymptomatic PSA testing between GP practices', 5th March 2025

University of Exeter News: 'New research highlights wide variation in prostate cancer testing between GP practices', February 2025

UCL News: 'Prostate cancer testing varies widely between GP practices' 27February 2025
- 6 Prostate Cancer UK PSA Consensus 2024 – British Journal of General Practice. <https://bjgp.org/content/74/745/e534>
- 7 Prostate Cancer Research <https://www.prostate-cancer-research.org.uk/>
- 8 Cancer Research UK <https://www.cancerresearchuk.org/about-cancer/prostate-cancer>
- 9 Primary Care Network Directed Enhanced Service (PCN DES) for early Cancer Diagnosis. This is a contractual framework introduced by NHS England to bolster early detection and to improve patient outcomes.
- 10 To that end we are assuring that practices deliver the contractual requirements under the PCN DES, which asks them to improve early cancer diagnosis and specifically on PSA tests asks:

Service requirement 4 - Focusing on prostate cancer, and informed by data provided by the local Cancer Alliance, develop and implement a plan to increase the proactive and opportunistic assessment of patients for a potential cancer diagnosis in population cohorts where referral rates have not recovered to their pre-pandemic baseline.
- 11 Position Statement on PSA testing for Prostate Cancer NHS Wessex Cancer Alliance <https://wessexcanceralliance.nhs.uk/wp-content/uploads/2024/11/WCA-Position-Statement-on-PSA-Testing-for-Prostate-Cancer-updated-Nov-2024.pdf>
- 12 Chat GPT was used for research and did not write this report.